MANAGEMENT TRAINING NEEDS OF CHARGE NURSES IN 90-150 BED HOSPITALS IN OKLAHOMA

By

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IN OKLAHOMA

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CHAPTER I

INTRODUCTION

In recent years, the role of the nurse as a manager has been growing more complex (Stevens, 1979). Today the registered nurse must not only give and plan patient care, but she must also be concerned with continuously changing technology, directing a nursing team, and cost effectiveness (Colton, 1979). "In many health care facilities," writes Colton (1979, p. 56), "we have never described or defined the manager's job." Research has been conducted on the management roles of head nurses and supervisors, but very little has been studied regarding the management roles of charge nurses. In addition, Stevens (1979, p. 774) states: "Nursing management is growing more complex, and education for nursing management has been systematically eliminated from nursing curricula."

In 1980, Westphal made the first comprehensive study designed to look specifically at the charge nurse's role in management. This study was conducted using Westphal's research tool for the nursing administrators and Westphal's research tool with two additional response columns for the charge nurses.

Statement of the Problem

The managerial functions of charge nurses have never been clearly defined nor fully researched and, as a result, nursing schools and staff development departments provide little management training in their

curricula and continuing education programs for nurses.

Statement of the Purpose

The purpose of this study was to identify the management training needs of charge nurses in 90-150 bed hospitals in Oklahoma.

Research Questions

This study was designed to answer the following questions:

1. What management functions do nursing administrators expect charge nurses to perform in their hospitals?

2. Do the charge nurses agree that these management functions are part of their charge nurse role?

3. In which of these managment functions do charge nurses feel they have the greatest need for training?

Scope

This study dealt with the management functions and management training needs of charge nurses in 90-150 bed hospitals in Oklahoma.

Limitations and Assumptions

This study was limited to acute care hospitals in Oklahoma whose bed capacity ranged from 90-150 beds and were listed in the American Hospital Association Guide to the Health Care Field, 1979 edition. A list of these hospitals is presented in Appendix A.

Since this study was conducted to determine the management training needs of charge nurses, nurse managers or head nurses were asked not to complete the questionnaires even though they may double as charge nurses

in their institutions.

The greatest limitations of this study was the length of the questionnaire which took at least 45 minutes to complete. As a result, there were some individuals and/or institutions which chose not to participate stating they did not have the time. Also due to the shortage of registered nurses, some institutions did not employ nine nurses which functioned in the charge nurse role making it impossible for them to complete all the questionnaires sent them.

This study assumes that nurse administrators have functioned as charge nurses and can identify what management tasks they expect the charge nurses in their hospitals to perform. It also assumes that charge nurses are capable of assessing their own training needs in regard to management functions once those functions have been identified for them.

Definitions

For the purpose of this study, these terms have been defined to mean the following:

Charge Nurse - A registered nurse who is responsible for the administration of patient care to all of the patients on a nursing unit during her shift of duty (Westphal, 1981).

Head Nurse - A registered nurse accountable to the Nursing Supervisor and/or the Director of Nursing for the administration of patient care and the administrative operations of a specific nursing unit.

Supervisor - A registered nurse accountable to the Director of Nursing who acts as a resource person to the nursing staff, provides for adequate staffing, handles public relations and personnel management

as well as assisting with crisis intervention in a hospital during a specific shift.

Director of Nursing - A registered nurse responsible for the administrative operations of the Nursing Service Department in a hospital.

Nursing Team - A group of technical and professional nursing personnel under the leadership of a qualified nurse, having the goal of providing comprehensive nursing care (Wolff et al. 1979).

Health Care Team - An organization of health practitioners representing various professions who work collaboratively in planning and administering health care services (Wolff et al. 1979).

Patient - Any person, well or ill, receiving services from a health practitioner (Wolff et al. 1979).

Nursing Care Plan - A guide for the provision of nursing care (Wolff et al. 1979).

Staff Development Department - A hospital department responsible for the orientation and continuing education of the hospital's nursing personnel.

Continuing Education - Formal or informal education offered to nurses who have completed basic educational programs in nursing (Wolff et al. 1979).

Need - A necessity or requirement (Wolff et al. 1979).

Management Training - Structured learning experience, either in the classroom of an educational institution or while on the job, offered to facilitate an individual in developing leadership skills such as planning, directing, delegating and controlling.

Organization of the Study

Chapter I introduces this study and defines the problem being addressed as well as the purpose of the study along with its limitations and assumptions. Definitions pertinent to this research are also included in Chapter I. Chapters II presents a review of the literature related to the study content. It is grouped under four subheadings entitled: The Nurse's Changing Role, Historical Review of Managment Thought, Management Research in Nursing, and Why Management for Charge Nurses? Included in Chapter III is a detailed designation of the methodology of this research including the instrument utilized, how it was administered and how the results of the data collected was compiled, analyzed and reported. Chapter IV describes the results of the study and Chapter V summarizes the overall study with conclusions and recommendations for future research.

CHAPTER II

LITERATURE REVIEW

The review of literature has been arranged under the following topics which were applicable to the scope of this study:

1. The Nurse's Changing Role,
2. Historical Review of Managment Thought,
3. Management Research in Nursing, and
4. Why Management for Charge Nurses?

The Nurse's Changing Role

The nurse's role has changed in recent years. Traditionally, the registered nurse gave bedside patient care and followed the physician's orders without question (Steck, 1980; Sherman, 1975). The professional registered nurse today has been forced to make decisions, many of which involve life threatening situations. However, very little time has been allowed for learning how to make these decisions. Colton (1979) stated:

> All of a sudden one is responsible not just for one's work, but also for the work of one's entire group. Overnight one must learn to plan, to budget, to trust, to motivate, to delegate, to control. Although one may have spent years learning one's functional (clinical) specialty, one cannot afford a comparable training period to learn managment; one must somehow become a good manager INSTANTLY when promoted (p. 54).

This has often been the case of the staff registered nurse who must function frequently as charge nurse on the unit. Although the responsibility has been considered temporary, the nurse has been held accountable

for all decisions made on a shift by her/him or other members of the nursing team (Manez, 1978). The charge nurse's dissatisfaction with this amount of responsibility without adequate training has, in part, contributed to the registered nurse shortage we are currently experiencing. Consumer pressure for cost effective health care has also increased pressure on the charge nurse for planning patient care which is quality care but without a high price tag (Manez, 1978; Colton, 1979; Stetler, 1980). Nurses have become more specialized and are required to perform more technical skills. The charge nurse has often been required to "manage nurse specialists who have knowledge beyond her own within their speciality" (Stevens, 1979, p. 774).

Historical Review of Management Thought

Scientific Management

Taylor, Gilbreth and Gilbreth, and Gantt all contributed considerably to the development of scientific management. Taylor was known for his time and motion studies which he used to set work standards which could be taught to the workers to increase production (Stevens, 1978; George, 1972; Levey and Loomba, 1973; Marriner, 1979). Gilbreth and Gilbreth demonstrated, through their work, the effect of fatigue on work performance as well as adding validity to Taylor's works (George, 1972; Levey and Loomba, 1973; Marriner, 1979). They stressed the need for written instructions to decrease confusion and promoted wage incentive programs.

Taylor's and the Gilbreths' work were refined by Gantt, who added bonus wages for employees who produced products above the standard

(George, 1972; Levey and Loomba, 1973; Marriner, 1979). He started what would be termed today as the human resource development approach by management.

In 1910, Emerson introduced his 12 principles of efficiency. Marriner (1979) lists them as follows.

1. Goals and ideals should be clear and well defined, the primary objective being to produce the best product as quickly as possible and at minimal expense.
2. Changes should be evaluated; management should not ignore common sense by assuming that bigger is necessarily better.
3. 'Competent counsel' is essential.
4. Management can strengthen discipline, or adherence to the rules, by applying.
5. Justice, or equal enforcement upon all.
6. Records, including adequate, reliable, and immediate information about the expense of equipment and manpower should be available as a basis for making decisions.
7. Dispatching or production scheduling is recommended.
8. Standardized schedules,
9. Standardized conditions, and
10. Standardized operations can be facilitated through the use of
11. Written instructions.
12. Efficiency rewards should be given for successful completion of tasks (p. 22).

Introducing scientific management to universities, Cook recommended that management principles be applied to education (George, 1972; Marriner, 1979). He also recommended the use of assistants to free expensive faculty from tasks which could be performed by others.

Classical Organizational Management

Foyal was one of the first to study management functions and he found them to be universal (George, 1972; Marriner, 1979). He felt all managers had the same tasks of planning, organizing, issuing orders, coordinating, and controlling. He felt that college should teach management theory.

Weber came to be known as the "Father of Organizational Theory" (Marriner, 1979). His concepts were bureaucratic in nature, and he developed a structure of authority to aid in the accomplishment of organizational objectives. He emphasized the importance of a leader being qualified for his position in order for subordinates to accept his authority.

Blending scientific and classical organizational theories, Urwich described the managerial functions as planning, coordinating, and controlling (George, 1972; Marriner, 1979). He outlined each of these three areas in detail, defining tasks in each.

Human Relations

In the 1940's, the human relations movement became popular and the importance that individuals have on an organization's success or failure was stressed (Marriner, 1979). It was concerned with group process, interpersonal relations, and communications.

Barnard stressed the importance of good management/labor relations (Marriner, 1979; George, 1972). He felt that communication lines should be short and remain open in the individual units of an organization. The smooth operation of the smaller units would permit the whole organization to function effectively. Barnard's work showed some behavioral concepts.

Follett blended the psychological and sociological aspects of management (George, 1972; Marriner, 1979). Her work demonstrated the influence both managers and workers had on one another and supported the view that control comes from cooperation.

The Hawthorne studies conducted by researchers from Harvard

University studied the effects of lighting on production, length of work breaks, length of work days and work weeks, humidity and temperature studies all of which showed little or no effect on production (George, 1972; Marriner, 1979). These studies also demonstrated that peer pressure to hold down production was often greater than wage incentive programs to increase production.

Democratic supervision was encouraged by Lewin. He felt that his experiments conducted after World War II showed increased adherence to ideas taught in democratic lectures when compared with autocratic methods of instruction (Marriner, 1979).

Moreno worked with group process to determine which personality types worked best together (Marriner, 1979). He accomplished this through the use of his sociogram. He also contributed to analyzing of interpersonal relations through development of sociodrama, psychodrama, and role playing techniques.

Behavioral Science

The behavioral science movement which began in the 1950's strongly stressed the importance of meeting human needs as well as those of the organization. Maslow, with his development of the Heirarchy of Needs theory, began the behavioral movement (Hood and Dincher, 1980; Marriner, 1979). He placed human needs into five categories; physiological, safety, love, esteem, self-actualization. Each category had to be met before one could move on and all needs had to be met before self-actualization would be achieved. Each need was considered a motivator. As each need was met, it decreased in its ability to motivate.

Another researcher in human motivation which had an impact on the

behavioral theories was Herzberg who, in 1959, developed the two-factor motivation-hygiene theory (Stevens, 1976; Marriner, 1979). He found that job satisfaction was associated with certain factors and dissatisfaction with others. The satisfiers were achievement, recognition, the nature of the work, responsibility, advancement, and the possibility of growth. (These meet Maslow's higher-order needs.) The "hygiene factor" or dissatisfiers were supervision; company policy; working conditions; interpersonal relations with supervisors, peers, and subordinates; status; job security; and the job's effect on one's personal life. (These meet Maslow's lower-order needs.)

McGregor developed two management style theories, Theory X and Theory Y (Stevens, 1976; Marriner, 1979). Theory X assumed that people dislike work and will avoid it. Theory Y held that work can be a source of satisfaction. Consequently, a Theory X manager would control his employees and threaten in order to meet organizational goals; but a Theory Y manager would assume employees are self-directed and would give positive feedback for accomplished goals. McGregor stressed the importance of blending the individual's goals with those of the organization.

Agyris encouraged the use of McGregor's Theory Y style (Marriner, 1979). His research showed that individual frustration increased considerably when the individual's goals were in conflict with the goals of the organization.

Likert identified four types of management systems; exploitive authoritative, benevolent authoritative, consultative and participative group (Marriner, 1979). The first was the least effective, allowing no input from the workers. The participative management system was

considered to be the most effective. In this style, supervisors would have complete confidence in their subordinates.

Blake and Mouton developed an 81 square grid to illustrate the reltionship between concern for people and concern for production in management (Marriner, 1979). They felt that team management which effectively blends both concerns was the style of choice.

Fiedler (1967), during the 1960's, identified three aspects of a situation that structured the leader's role; leader-member relations task structure, and position power (Marriner, 1979). His work indicated that there is no overall best leadership style. The stule must be contingent on the situation.

Hersey and Blanchard applied the work of Blake, Mouton, and Fiedler to groups. The found that the most effective leadership style depended on the maturity of the group (Marriner, 1979).

Drucker developed the popular style of management objectives (George, 1972; Marriner, 1979). Objectives are developed for each unit in an organization and subordinates submit progress reports to their supervisors. Emphasis is placed on the importance of the worker to the organization.

All of these management thoughts could be individually or jointly applied in the nursing profession to help the nurse accomplish her management tasks more effectively (Marriner, 1979).

Research in Nursing Management

Nearly all of the research reviewed prior to this study which was specific to nursing management dealt with the management roles of directors of nursing service, assistant directors of nursing service,

shift supervisors, and head nurses. Only one study was designed to measure management functions of charge nurses.

In 1975, Sherman, using task identification analyzed the nurse's management duties to identify her tasks in planning, organizing, staffing, leading, communicating, decision-making, and controlling. This study focused on three levels of nursing supervision: the assistant director, the nursing supervisor, and the head nurse. The nursing and management functions questionnaire consisted of 101 tasks. Based on the data obtained in this study, Sherman's conclusions, significant to this study, were:

1. Nurses in supervision expressed desires for additional training in management tasks at a high level and across all functional areas of management.
2. The closer the nurse manager came to managing the patients directly, the more desire for additional management training the nurse manager had. (The head nurse required more than the supervisors, and the supervisors more than the assistant directors.)
3. Nurses in supervision reported that they did not believe they were adequately prepared for their management role (P. 132).

Manez (1978) cited a survey conducted during an institute for directors and supervisors of nursing service.

> The participants were asked to list problems encountered in their work. Their responses included (1) how to delegate appropriate responsibility, (2) how to act as an effective mediator among the nursing staff, (3) how to choose which problems to solve first, (4) how to develop more effective relations with administration, (5) how to prepare and present budgets, (6) how to improve relations and communications with the medical staff, (7) how to establish adequate controls for drugs, supplies, and equipment, (8) how to determine staffing patterns, (9) how to interest patients in their own care, (10) how to deal with the problem behavior of employees, and (11) how to balance effectively the needs of patients and the capabilities of nursing staff. These responses reflect the need for development of management skills in the areas of interpersonal and interdepartmental relations, nursing care of patients, and employee motivation and control (p. 64).

Greering (1980), in a needs assessment study at a 65 bed hospital in Nebraska, perceived the most important management needs of nursing administration as:

1. Developing open communication between departments and within departments.
2. Developing leadership skills.
3. Personal time management.
4. Fostering an open climate to develop team work and good attitudes amongst staff.
5. Applying the principles of management to the department.
6. Conducting counseling and discipline interviews (p. 14).

Finally, in 1981 at the University of South Carolina, Westphal conducted the most significant piece of research pertaining to the managerial role of the charge nurse. Her study was designed to answer the following questions:

1. What are the specific management functions required of charge nurses in hospitals?
2. What are the specific managerial functions taught in registered nurse educational programs?
3. To what extent are the managerial functions required by hospitals congruent with the functions nursing schools in South Carolina are teaching (p. 6).

The research instrument which lists functions of charge nurses was developed by Westphal after studying job descriptions of charge nurses from 55 hospitals throughout South Carolina. The 275 functions identified were then divided into four categories of management: planning, organizing, directing, and controlling. Planning contained 36 functions and organizing contained 117. The majority of charge nurse functions fell under directing and controlling, totaling 183 functions. It was found that all but eight of the 275 functions listed in the Charge Nurse Checklist were required of nurses by more than 50 percent of the hospitals. The data collected from the 21 hospital supervisors showed that hospitals required 88 percent of the planning functions, 85

percent of the organizing functions, 89 percent of the direction functions and 80 percent of the controlling functions listed on the Charge Nurse Checklist.

In order to determine the managerial functions taught in the South Carolina nursing school curricula, Westphal (1980) conducted a simular study using the same instrument. She concluded that hospitals required more managerial functions than were being taught in theory or in practice by nursing schools in South Carolina.

Her recommendations for future research included the following:

1. More in-depth studies of the charge nurse's role to include further testing of the charge nurse checklist and refinement of the tool.

2. Further study of the role should include the consideration "should the charge nurse role be performed by nurses with less than two years of work experience" (pp. 78-79).

3. Differences between nurses who do well as charge nurse and rise in their profession versus those who become disillusioned and leave the profession.

4. A study of the new graduate nurse's perception of her preparation for the charge nurse role and the nursing school's perception of what they teach.

Why Management for Charge Nurses?

Nursing students, according to Stein (1980, p. 5), have been taught that "they are equal members of the health care team, and, as professionals, are obligated to make decisions in the patient's best interest." Although they have been taught these obligations in their basic nursing

program, they have not been given adequate management training to meet these obligations. Stevens (1979, p. 774) wrote: "while management has been becoming more complex, nursing education programs have tended to drop all vestiges of management from their curricula."

Charge nurses have been expected to plan, direct, and control patient care, perform employee evaluations, and many other tasks traditionally defined as management functions. But, most nurses have learned these skills through trial and error on the job (Colton, 1979; Stetler et al, 1980; Culbertson and Thompson, 1980).

Specific training in management skills could make the charge nurse more effective in her management role (Colton, 1979). By training charge nurses to be managers, employers of charge nurses have much to gain. Effective planning and delegating of patient care and use of problem solving techniques by trained charge nurses would increase cost effectiveness by decreasing wasted time and supplies. Unhappy employees who leave because their charge nurse has never learned the importance of effective communication skills could be retained, cutting down the cost of hiring and orienting new personnel. Employees might find that, with increased training in management roles, charge nurses would be more comfortable and less dissatisfied with their jobs overall, leading to a solution to the registered nurse shortage we face today.

Summary

In summary, the changing role of the registered nurse from subservient to an equal member of the health care team has effected considerably the amount of management training required of a charge nurse. The emergence of the nursing team, nurse specialists, and the ever

increasing demand for cost effectiveness as well as the emergence of the nursing shortage have all added to the need for charge nurses to develop management skills. A wealth of management thought, including scientific management, classical management, human relations, and behavioral management are available for the charge nurse as resources in developing her own management style. The research in nursing management to date has been predominantly concerned with the roles of the nursing director, nursing supervisor, and head nurse. Very little work has been done directly with the charge nurse role. Westphal (1980), however, determined specific management tasks for charge nurses under the headings of planning, organizing, directing, and controlling. Westphal also demonstrated that nursing schools lacked sufficient management training programs for nurses to function effectively in the charge nurse role. She recommended that further research in the area of management training for charge nurses be done to include further testing of her charge nurse checklist and refinement of the tool.

CHAPTER III

METHODOLOGY

The purpose of this study was to identify the management training needs of charge nurses in 90-150 bed hospitals in Oklahoma. This chapter describes the population studied for this research, reviews the instruments used to collect the data and how it was administered, and outlines what methods were emphasized to analyse the data collected.

The Population

The population used for this research consisted of all Oklahoma acute care hospitals whose bed size was between 90-150 beds and which were listed in the American Hospital Association Guide to the Health Care Field, 1979 edition (see Appendix A for a complete listing). Of the 17 hospitals listed, only two were removed from the study prior to distribution of the instrument. One hospital was an Acute Psychiatric facility which did not use charge nurses in the traditional role being researched and the other's Nursing Director felt they did not have sufficient registered nurse staff to participate. This left the population at 15 hospitals.

The Instruments Utilized

The administrative questionnaire was distributed as developed by Westphal (1980) without any modifications. (See final copy in Appendix B.)

The charge nurse questionnaire was also distributed as developed by Westphal except for two additional columns added to the far right of the questionnaire entitled "Fully Trained" and "Would Like Further Training." A copy is provided in Appendix C. These additions were discussed with three members of the faculty in the School of Occupational and Adult Education, Oklahoma State University who felt that these additions would not alter the "yes," "no," and "NA" responses on the questionnaire but would simple provide additional data. A demographical data sheet was attached to each questionnaire (see Appendix D for a sample sheet).

Distribution of the Instrument

All 15 hospitals were contacted by telephone and asked to participate prior to the mailing of the instruments and were given preliminary information and instructions which were also included in written form on the cover letter of their research packets. See Appendix E for a copy of the letter.

Research packets were then mailed to each of the participating hospitals. Each packet included a cover letter, four administrative questionnaires, and nine charge nurse questionnaires and self-addressed stamped envelopes for return of the instruments.

The four administrative questionnaires were to be completed by the following:

1. The Director of Nursing Services,
2. Supervisor 7:00 p.m. to 3:00 a.m. shift,
3. Supervisor 3:00 a.m. to 11:00 p.m. shift,
4. Supervisor 11:00 a.m. to 7:00 p.m. shift.

The nine charge nurse questionnaires were to be completed by charge

nurses with an attempt to include participation from all three shifts.

Approximately one week after the deadline data on the cover letter, a follow-up postcard was sent, as an attempt to increase the response rate, to any hospital which had not as yet responded. See Appendix F for a copy of the postcard. Two weeks after the deadline data, followup telephone calls were also made to further increase the response rate.

Analysis of Data

The administrative and charge nurse questionnaires were individually tabulated to obtain response totals for each of the 312 questions and response totals as well as percentages for the 23 areas and four categories.

The Chi-Square test was performed to determine if the two population proportions were the same on the four categories and 23 areas. These calculations were performed using a BASIC program on a Commodore microcomputer.

The 23 areas were rank ordered based on the need for training. The 312 individual questions were then reviewed and the management functions with a greater than 50 percent need for training were identified.

The demographical data were totaled for each question and percentages calculated. These results are discussed in detail in Chapter IV.

CHAPTER IV

PRESENTATION OF THE FINDINGS

The purpose of this study was to identify the management training needs of charge nurses in 90-150 bed hospitals in Oklahoma. The data for this study were obtained by mailing the research questionnaire to the hospitals in Oklahoma whose bed capacity was between 90 and 150 beds. Out of the total population of 17 hospitals, one was eliminated from the study since it was an acute psychiatric facility and another chose not to participate due to a registered nurse shortage. The instrument was mailed therefore to the 15 remaining hospitals. Of these 15, 13 returned questionnaires giving a response rate of 87 percent. Table I illustrates the overall response rates by questionnaires.

TABLE I

DISTRIBUTION AND PERCENTAGE OF RESPONSES BY QUESTIONNAIRE

Type of Questionnaire	N Sent	N Returned	Percent Returned
Administration	52	28	54
Charge Nurse	117	53	45
TOTALS	169	81	48

Characteristics of the Population

The demographical data sheets were totaled and analyzed. The results are presented in Table II. Characteristics demonstrated by the data included that at least 62 percent of the administators and 40 percent of the charge nurses had greater than ten years experience in nursing. The greatest number, or 44 percent, of administrators were diploma graduates and the greatest number of charge nurses, or 41 percent were associate degree graduates. There was a three percent difference in the number of Bachelor of Science in Nursing graduates between the two groups. Sixteen percent of the administrators indicated they had Master's degrees while no one had Master's degrees at the charge nurse level. Ninety-two percent of the administrators and 85 percent of the charge nurses worked full-time. Representation from the three traditional hospital shifts (7-3, 3-11, and 11-7) were obtained with the majority of responses coming from the 7-3 shift.

Analysis of the Charge Nurse Role

The administrative and charge nurse questionnaires were totaled for each question. These tables are provided in Appendix B and C.

Totals as well as percentages were then calculated for each of the 23 areas and are presented in Table III. Table IV lists the tables and percentages for the four major categories of planning, organizing, directing, and controlling.

The overall "yes" response rate for the administrative questionnaire was 87 percent with the "yes" responses ranging from 62 percent to 98 percent for the 23 areas. The overall "yes" response rate on the charge nurse questionnaires was 91 percent with the "yes" responses

TABLE II

DEMOGRAPHIC DATA FOR ADMINISTRATORS AND CHARGE NURSES

		Administrators		Charge Nurses	
		N	%	N	%
Experience (years)	0- 1	0	0	6	12
	1- 5	4	15	12	23
	5-10	6	23	13	25
	+ 10	16	62	21	40
Education					
	AD	3	12	22	41
	DIP	11	44	18	34
	BS	7	28	13	25
	MS	4	16	0	0
Work					
	Full-time	24	92	45	85
	Part-time	2	8	8	15
Shift					
	7 - 3	16	62	30	57
	3 - 11	4	15	14	26
	11 - 7	5	19	6	11
	other	1	4	3	6

TABLE III

TOTAL RESPONSES AND CHI SQUARE VALUES
FOR STUDY GROUPS BY AREAS

	Administration						Charge Nurses						
	yes		no		n/a		yes		no		n/a		Chi
	N	%	N	%	N	%	N	%	N	%	N	%	Square
I. Planning											3		
A. Assessment	199	89	19	8	6	3	416	98	5	1	3	1	26.533*
B. Dev of Plan	421	88	43	9	12	3	854	95	34	4	13	1	18.756*
C. Collec of data	340	87	30	8	22	5	696	94	20	3	26	3	18.393*
D. Add methods	64	76	18	21	2	3	133	84	10	6	16	10	15.689*
E. Teaching needs	117	84	18	13	5	3	242	91	15	6	8	3	6.531x
II. Organizing													
A. Administrative	226	62	75	21	63	17	543	79	79	11	67	10	33.814*
B. Assignments	647	89	70	10	11	1	1211	88	122	9	45	3	5.872
C. Unit Coord	543	92	36	6	9	2	1038	93	42	4	33	3	7.869*
III. Directing													
A. Mgmt Function	933	95	24	2.5	23	2.5	1766	95	37	2	52	3	1.120
B. Record Keeping	507	91	36	6	17	6	962	91	42	4	56	5	8.738x
C. Leadership	901	89	77	8	30	3	1790	94	60	3	58	3	29.717*
D. Prob Solving	293	95	11	4	4	1	576	99	4	0.5	3	0.5	11.821*
E. Teaching	297	88	30	9	9	3	590	93	24	3.5	22	3.5	11.397*
F. Chang Theory	67	80	11	13	6	7	141	89	6	4	12	7	7.349x
G. Communication	437	98	8	1.5	3	0.5	878	97	3	0.5	20	2.5	11.962*

TABLE III (Continued)

	Administration						Charge Nurses						
	yes		no		n/a		yes		no		n/a		Chi
	N	%	N	%	N	%	N	%	N	%	N	%	Square
IV. Control													
A. Supervision	147	88	15	9	6	3	297	93	19	6	2	1	7.571x
B. Staff Eval	247	80	55	18	6	2	482	83	58	10	43	7	20.886*
C. Care Eval	244	87	30	11	6	2	470	89	45	8	15	3	1.361
D. Setting Stand	78	70	24	21	10	9	178	84	28	13	6	3	10.507*
E. Nursing Rounds	154	92	12	7	2	1	300	94	15	5	3	1	1.314
F. Discipline	149	76	37	19	10	5	322	87	30	8	19	5	14.430*
G. Environment	142	72	43	22	11	6	273	74	65	17	33	9	3.118
H. Monitoring	470	80	101	17	937	84	113	10	63	6	63	6	22.204*

*Significant at the 0.01 level
xSignificant at the 0.05 level

TABLE IV

TOTAL RESPONSES AND CHI SQUARE VALUE
FOR STUDY GROUPS BY CATEGORY

	Administration						Charge Nurses						
	yes		no		n/a		yes		no		n/a		Chi
	N	%	N	%	N	%	N	%	N	%	N	%	Square
I. Planning	1141	87	128	10	47	3	2341	94	84	3	66	3	69.885*
II. Organizing	1461	84	181	11	83	5	2772	88	243	8	145	4	14.269*
III. Directing	3435	92	197	5	92	3	6703	94	176	3	223	3	61.022*
IV. Controlling	1631	81	317	16	68	3	3259	85	373	10	184	5	49.061*
Overall Totals	7623	87	876	10	290	3	15095	91	876	3	618	4	197.331*

*Significant at the 0.01 level

ranging from 74 percent to 99 percent for the 23 areas. In nineteen of the 23 areas, charge nurses had a higher percentage of yes responses than did the administrators.

Using the data as presented in Tables III and IV, the Chi Square test for homogeneity was performed to test the degree of agreement between the administrators and charge nurses on the charge nurse management functions presented in the questionnaire.

The Chi-Square calculations were determined using a BASIC program on a Commodore Microcomputer. A copy of this computer program is furnished in Appendix G.

The program computed Chi Square from a r x c contingency table in which "r" (number of categories) = 3 (yes, no, N/A) and "c" (number of populations) = 2 (administrators and charge nurses). Expected frequencies for the calculation were computed from the following formulas.

$$\bar{p} = \frac{X_1 + X_2}{n_1 + n_2} \quad ; \quad Eij = \bar{p}n$$

Chi Square was then calculated by the computer using the following formula:

$$X^2 = \sum_{i=1}^{r} \sum_{j=1}^{c} \left[\frac{(Oij - Eij)^2}{Eij} \right]$$

Results of these Chi Square calculations are located in Table III for the 23 areas and Table IV for the four categories and overall. The computed Chi Square values were compared with a table of percentiles for the Chi Square distribution using two degrees of freedom [(r-1), (c-1)] to determine their significance. This comparison revealed that the computed Chi Square values were significant at the 0.01 level for 13 of the 23 areas. Five of the remaining ten areas were significant at the

0.05 level. The remaining five areas were significant at a level somewhere between 0.05 and 0.95. None of the Chi Square values were significant at a level greater than the 0.95 level. Based on this data the two populations were not homogeneous and therefore did not agree on the management functions of the charge nurse presented in the questionnaires.

Analysis of the Management Training Needs

All responses under the "fully trained" and "would you like further training" columns of the charge nurse questionnaires were totaled for the individual questions, the 23 areas, and the four major categories of planning, organizing, directing, and controlling. Percentages were then calculated and the data for the 23 areas and the four major categories were rank ordered and are presented in Tables V and VI.

Of the 23 areas, supervision under the category of controlling, demonstrated the greatest need for training or 52 percent. Individual questions under this area which showed a greater than 50 percent need for training were:

1. To know the contents of the Nurse Practice Act and its implications for nursing practice (62 percent).

2. To know the role of the nurse in the legislative process both as an individual and as a collective group (58 percent).

Of the four major categories, planning showed the greatest need for training (35 percent) with the areas of planning for teaching needs (48 percent) and assessment (42 percent) having the highest percentage under that category.

Table VII presents a list of all individual management functions for which greater than 50 percent of the respondents desired training. The

TABLE V

RANK ORDER OF NEEDS FOR TRAINING BY AREA

Rank	Area		% Need Training
1	IVA	Supervision	52
2	IE	Planning for teaching needs	48
3	IIIF	Change theory	47
4	IA	Assessment	42
5	IIA	Administrative considerations in organizing	37
6	IB	Development of a patient care plan	36
7	IIID	Problem Solving	35
8	ID	Additional methods of planning patient care	34
9	IVD	Setting of standards for patient care	29
10	IIIC	Leadership	28
11	IIIG	Communication theory and techniques	27
12	IVC	Evaluation of patient care plans and patient care for a unit	26
13	IC	Collection of data for nursing care plan and consulting for information purposes	25
14	IVB	Evaluation of staff performance	25
15	IIC	Unit coordination and continuity of patient care	21
16	IIIE	Teaching	21
17	IIB	Assignment consideration in organizing	19
18	IIIA	Management and administration function	16
19	IVF	Discipline responsibilities	11
20	IIIB	Direct record keeping and reporting responsibilities	9
21	IVH	Monitoring responsibilities	3
22	IVE	Use of nursing rounds in supervision	2
23	IVG	Provides for a therapeutic environment	1

TABLE VI

RANK ORDER OF TRAINING NEEDS BY CATEGORY

Rank	Area		% Need Training
1	I	Planning	35
2	III	Directing	32
3	II	Organizing	23
4	IV	Controlling	16
Overall	Total		23

TABLE VII

RANK ORDER OF TRAINING NEEDS BY INDIVIDUAL QUESTIONS WITH RESPONSE RATES OVER 50 PERCENT

Rank	Question #	Question	% Response
1	I E-2	To develop a teaching plan to instruct patients and their families in rehabilitation techniques, health maintenance and illness prevention.	64
2	IV A-3	To know the contents of the Nurse Practice Act and its implications for nursing practice.	62
3	II B-1	To know the legal aspects of nursing and is expected to apply this knowledge when making out staff assignments.	58
4	III F-3	To know and implement ways to minimize staff resistance to change.	58
5	IV A-s	To know the role of the nurse in the legislative process both as an individual and as a collective group.	58
6	IV A-4	To stay informed of local, state, and national activities that affect quality of patient care and to integrate the applicable concepts into nursing practice.	57
7.	III G-3	To know several methods of communication and to utilize improved methods of communication.	55
8	I A-1	To utilize the principles of assessment when assessing the health care needs of patients.	53
9	I A-3	To utilize Maslow's basic needs theory in the assessment of patient's needs.	53
10	II A-8	To assist in the development and implementation of innovative methods for unit organization.	53

TABLE VII (Continued)

Rank	Question #	Question	% Response
11	III C-3	To analyze leadership styles and to recognize the advantages and disadvantages of each style.	53
12	I E-1	To identify the teaching needs of each patient and to include these needs in the development of a nursing care plan.	51
13	II A-7	To know how trends affect the delivery of health care services such as: political influence, national health insurance, legislative process, continued professional competence issues, health systems agency role, and nurse power.	51

development of a patient teaching plan ranked as the highest need for training at 64 percent with the Nurse Practice Act (62 percent) and legal aspects of nursing (58 percent) also ranking quite high.

The number of training needs by individual questions with response rates over 50 percent fell under each of the four categories as follows: (1) planning, 4; (2) organizing, 3; (3) directing, 3; (4) controlling, 3.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter summarizes the purpose of the study, the description of the instrument and the methodology used to distribute the instrument and analyze the data collected. This chapter will also discuss conclusions drawn and present recommendations for nursing practice and future research.

Summary of the Findings

The purpose of this study was to identify the managment training needs of charge nurses in 90-150 bed hospitals in Oklahoma. The research instrument was distributed to 15 Oklahoma hospitals with 13 responding (87 percent).

Characteristics of the population included years of experience, educational background, full or part-time employment status, and shift worked by each respondent. Sixty-two percent of the administrators and 40 percent of the charge nurses had greater than ten years experience. Diploma graduates provided the highest number of administrators (44 percent) and Associate degree graduates provided the highest number of charge nurses (41 percent). Bachelor of Science in Nursing graduates showed a three percent difference between the two groups. Sixteen percent of the administrators were Master's prepared while none of the charge nurses had Master's degrees. A majority of both populations worked

full-time and all three shifts (7-3, 3-11, and 11-7) were represented.

The instrument included four major categories (planning, organizing, directing, and controlling), 23 areas and 312 individual questions. The length of the questionnaire, which took approximately 45 minutes to complete, proved to be the greatest limitation of the study. Using descriptive and inferential statistics, the data were analyzed and Chi-Square determinations were calculated with computer assistance to determine if the administrators and charge nurses agreed on the charge nurse management functions.

The overall "yes" response rate on the administrative questionnaires was 87 percent. The overall "yes" response rate on the charge nurse questionnaire was 91 percent. In 19 of the 23 areas, charge nurses had a higher percentage of yes responses than did the administrators.

None of the Chi Square values were significant at the 0.95 level or greater which indicated that the two populations did not agree on the management functions of charge nurses. All four of the major categories and 18 of the 23 areas showed Chi Square values significant at the 0.05 level or less which also indicated that the two populations did not agree on the charge nurse management functions. The remaining five values were inconclusive.

Descriptive statistics were also used to determine which management functions charge nurses felt they needed further training in. The overall percentage of charge nurses requesting further training on the 312 questions was 23 percent. The need for training in each of the four major areas ranged from 16 percent to 35 percent. The 23 areas and four major categories were rank ordered by percentage of need. All individual questions for which greater than 50 percent of the respondents

desired training were also listed in rank order. Thirteen individual management functions of charge nurses were identified by this process.

Conclusions

The conclusions drawn from this study by the researcher.

1. The research instrument was validated as an effective tool for identifying management functions of charge nurses as demonstrated by the high percentage of "yes" responses on both the administrative and charge nurse questionnaires.

2. The nursing administrators and charge nurses did not agree on the management functions of charge nurses.

3. Since 62 percent of the administrators and 40 percent of the charge nurses indicated greater than ten years experience in nursing, it was concluded that inexperience was not a factor leading to the disagrement between the two populations; however, this could have been a factor for the low overall percentage (23 percent) in the "need for training" area of the questionnaire.

4. Charge nurses view their management roles as requiring a broader number of functions than do administrators.

5. "Planning" was the category of management in which the highest number of charge nurses desired further training.

6. "Development of teaching care plans" received the highest number of responses for further training on any single question.

Recommendations

The following recommendations for nursing practice are given:

1. Nursing administrators and charge nurses should develop charge

nurse job descriptions which clarify the charge nurse's management functions for their institutions working toward mutual agreement of this role.

2. Management educational programs for nurses should be developed to assist charge nurses in their planning functions.

3. Educational programs should also be developed to train charge nurses in the development of patient teaching plans.

4. Management courses being designed for the training of charge nurses should include content from at least the 12 areas which when rank ordered earlier showed a greater than 25 percent need for training.

The following recommendations for further research are given:

1. A similar study should be conducted on a charge nurse population having less than five years experience to determine the special management training needs of newer graduates.

2. Further research could also be conducted to determine if there is any significant difference in the management training needs of Associate degree, Diploma, or Bachelor of Science in Nursing graduates.

3. Since developing of a patient teaching plan ranked high as a management training need, research could be conducted to determine what elements of development charge nurses desire further training in and whether or not they use adult learning principles in their teaching of patients.

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APPENDIXES

APPENDIX A

SELECTED HOSPITALS

All hospitals in Oklahoma between 90 and 150 beds.

	1.	Jackson County Memorial Hospital Altus, Oklahoma	112 beds
*	2.	Ardmore Adventist Hospital Ardmore, Oklahoma	105 beds
	3.	Memorial Hospital of Southern Oklahoma Ardmore, Oklahoma	143 beds
	4.	Cushing Municipal Hospital Cushing, Oklahoma	92 beds
	5.	Reynolds Army Hospital Fort Sill, Oklahoma	114 beds
**	6.	McCurtain Memorial Hospital Idabel, Oklahoma	119 beds
	7.	Southwestern Hospital Lawton, Oklahoma	127 beds
	8.	Miami Baptist Hospital Miami, Oklahoma	118 beds
	9.	Doctors General Hospital Oklahoma City, Oklahoma	91 beds
	10.	Hillcrest Osteopathic Hospital Oklahoma City, Oklahoma	148 beds
	11.	Okmulgee Memorial Hospital Authority Okmulgee, Oklahoma	101 beds
	12.	Bartlett Memorial Medical Center Sapulpa, Oklahoma	113 beds
	13.	Newman Memorial Hospital Shattuck, Oklahoma	107 beds
	14.	Shawnee Medical Center Hospital Shawnee, Oklahoma	136 beds
***	15.	Willow View Hospital Oklahoma City, Oklahoma	93 beds

	16.	Stillwater Medical Center Stillwater, Oklahoma	145 beds
*	17.	Wagoner Community Hospital Wagoner, Oklahoma	100 beds

* - Did not return instruments
** - Did not participate. Shortage of RN staff
*** - Eliminated from study - Acute Psychiatric Hospital

APPENDIX B

CHARGE NURSE CHECKLIST

ADMINISTRATION

Please check the functions that the nurse in charge is expected to perform in your hospital:

I. Planning	*YES	NO	OR N/A
* The nurse in charge is expected			
A. Assessment			
1. To utilize the principles of assessment when assessing the health care needs of patients.	27	1	0
2. To assess a group of patients according to social, cultural, and emotional needs of patients.	21	5	2
3. To utilize Maslow's Basic Needs Theory in the assessment of patients' needs.	19	8	1
4. To assess and to identify the individual needs of every patient on a unit.	25	1	2
5. To assess patient needs based on the knowledge and understanding gained from the physical and biological assessment.	28	0	0
6. To utilize decision-making theory when attempting to assess a situation.	27	1	0
7. To assess each patient's condition by reports from staff members, the nursing Kardex or nursing care plan.	24	3	1
8. To identify and assess the nursing care needs of patients at the time of admission.	28	0	0
B. Development of a Patient Care Plan:			
The nurse is expected:			
1. To plan nursing care so that the best total and individual nursing care is administered.	27	0	1
2. To develop nursing care plans that include long and short range goals for all of the patients on a patient care unit.	23	4	1
3. To plan and provide for: Preventive	26	0	2
Therapeutic	26	1	1
Palliative	23	4	1
Rehabilitative	18	8	2
nursing care for each patient on a unit.			
4. To develop patient care plans in accordance with identified needs, problems and goals.	28	0	0

	YES	NO	OR N/A
5. To develop care plans in a manner so that the goals of the care plan can be evaluated by herself and other members of the nursing team.	25	2	1
6. To determine realistic patient care goals.	27	1	0
7. To set goals that are mutually determined with the patient and pertinent others.	21	7	0
8. To identify the capabilities and limitations of patients and to consider these in the development of patient care plans.	27	1	0
9. To develop nursing care plans that provide for continuing care of patients after discharge from the hospital.	18	8	2
10. To seek cooperation from co-workers when planning patient care.	26	2	0
11. To establish nursing orders to fulfill the plan of care in keeping with the medical treatment plan.	26	1	1
12. To plan nursing approaches on the basis of current scientific knowledge.	26	2	0
13. To provide for appropriate nursing intervention that results in patient progress.	27	1	0
14. To plan nursing actions that promote, maintain, and restore the patient's well being.	27	1	0

C. Collection of Data for the Nursing Care Plan and Consulting for Information Purposes:

The nurse in charge is expected:

1. To collect data from:			
Doctors	27	1	0
Co-workers	28	0	0
Families	28	0	0
Friends of the patient	26	6	1
Other	20	3	5
2. To collect data that is needed for the development of a nursing care plan form by:			
Interview	28	0	0
Examination	28	0	0
Observation	28	0	0
Reading reports	27	0	1
3. To consult with various sources in order to collect the necessary information to formulate a nursing diagnosisis and to initiate a care plan using the physician's medical diagnosis and orders.	23	5	0

	YES	NO	OR N/A
4. To consult with: Physicians	28	0	0
Other departments within hospital	27	1	0
Outside agencies	16	10	2
5. To confer with nurse clinicians about nursing care management in the development of a nursing care plan.	11	4	13
D. Additional Methods of Planning Patient Care:			
The nurse in charge is expected:			
1. To provide on-the-spot conferences with staff members when planning or executing a patient care plan.	24	4	0
2. To conduct and to participate in unit patient care planning conferences.	19	8	1
3. To conduct nursing rounds as a tool for planning patient care.	21	6	1
E. Planning for Teaching Needs:			
The nurse in charge is expected:			
1. To identify the teaching needs of each patient and to include these needs in the development of a nursing care plan.	25	3	0
2. To develop a teaching plan to instruct patients and their families in rehabilitation techniques, health maintenance and illness prevention.	16	9	3
3. To assist in the development and revision of nursing tools.	24	3	1
4. To assess the educational needs of personnel on the patient care unit.	26	1	1
5. To cooperate with the Inservice Education Department in the planning and development of programs to meet the educational needs of the nursing staff.	26	2	0
II. Organizing			
The nurse in charge is expected:			
A. Administrative Considerations in Organizing:			
1. To read an organizational chart and to identify lines of authority and communication.	24	3	1
2. To know the functions of all hospital departments, policies, regulations and procedures of a hospital related to Nursing Service.	25	2	1
3. To use the organizational structure of a hospital constructively.	27	0	1

	YES	NO	OR N/A
4. To utilize several approaches to patient care organization.	25	3	0
5. To be creative in their thinking about the administration of nursing care to patients and their families.	27	1	0
6. To assign patients and unit duties to nursing staff members according to:			
case method	3	12	13
functional method	13	6	7
team method	25	2	1
primary method	7	8	13
modular method	3	9	15
7. To know how trends affect the delivery of health care services such as: political influence, national health insurance, legislative process, continued professional competence issues, health systems agency role, and nurse power.	11	13	14
8. To assist in the development and implementation of innovative methods for unit organization.	24	2	2
9. To analyze the philosophy, objectives and functions of the health care facilities as a social system.	11	14	3
B. Assignment Considerations in Organizing:			
The nurse in charge is expected:			
1. To know the legal aspects of nursing and is expected to apply this knowledge when making out staff assignments.	27	1	0
2. To know the responsibilities of all nursing staff members and is expected to utilize this knowledge when preparing the assignments for staff members.	28	0	0
3. To assess the performance level of staff members before making staff assignments.	27	1	0
4. To know the background and experience of each staff member.	24	4	0
5. To consider personality traits when assigning patients to staff members.	23	5	0
6. To delegate responsibility to nursing staff members according to each member's education, training and capacity.	27	1	0
7. To utilize the talents of all members of the nursing staff.	28	0	0
8. To plan the assignment of patients and other duties to the nursing staff members according to the ability of the worker and the need of the patient.	28	0	0

		YES	NO	OR N/A
9.	To identify special restrictions and limitations of staff before making assignments (i.e. back trouble, diabetes).	22	5	1
10.	To identify priorities for the management of patient care at the beginning of the shift.	28	0	0
11.	To assess the total needs of the patient unit before making assignments.	23	5	0
12.	To assess the work carry-over from the previous shift before making assignments.	22	5	1
13.	To make a quick check on patients with intravenous infusions before making the nursing staff assignments.	10	17	1
14.	To classify patients according to the degree of illness and type of nursing care required for assignment purposes.	25	3	0
15.	To know the rationale and analyze problems in making assignments.	26	0	2
16.	To make assignments so that nursing staff members can attend inservice education programs.	26	2	0
17.	To make assignments that permit staff members to break and have meals at times that are compatible with their patient care duties and responsibilities.	27	0	1
18.	To include unoccupied patient rooms in the assignment of patients and duties to nursing staff members.	23	5	0
19.	To prepare an assignment sheet listing the responsibilities of all personnel on the unit.	24	4	0
20.	To clarify patient care responsibilities with each staff member after nursing report.	27	1	0
21.	To determine which nursing treatments are to be given during the shift and to make out a treatment sheet assigning certain treatments to individual staff members.	24	3	1
22.	To make out the assignment of patients for staff members on the oncoming shift.	6	20	2
23.	To re-evaluate assignments during the shift and to rearrange assignments when changes have occurred on the unit that require adjustments in the assignments.	27	1	0
24.	To assign very sick patients to a registered nurse or a licensed practical nurse.	22	4	2
25.	To administer medication for a unit of patients when necessary	28	0	0
26.	To clarify the assignment by pointing out to staff members the special observations, procedures, and treatments that are to be done for each patient.	27	1	0

		YES	NO	OR N/A
C.	Unit Coordination and Continuity of Patient Care			
	The nurse in charge is expected:			
1.	To be accountable for continuity and coordination of care by use of appropriate communication skills.	28	0	0
2.	To utilize conferences as a means of coordinating patient care	23	4	1
3.	To coordinate patient discharges.	26	2	0
4.	To coordinate patient and family teaching.	22	5	1
5.	To coordinate unit activities with other non-nursing depts.	22	4	2
6.	To arrange for transportation of patients to the operating room and other departments.	13	13	2
7.	To confer with service supervisor regarding patient transfer within, onto, or off the unit.	28	0	0
8.	To refer problems related to the coordination of unit activities with other non-nursing departments and refer these problems to the appropriate source.	27	1	0
9.	To utilize nursing personnel.	28	0	0
10.	To be a resource person for patient care problems.	27	1	0
11.	To cooperate with instructors in the guidance and direction of student experience.	26	2	0
12.	To provide continuity of patient care by checking to see that the determined plan of care is being implemented.	28	0	0
13.	To assist with bedside nursing care given to patients in her assigned area as needed.	27	1	0
14.	To utilize time efficiently.	28	0	0
15.	To utilize equipment efficiently.	28	0	0
16.	To utilize personnel efficiently.	28	0	0
17.	To assure that cost efficient approaches are utilized by nursing personnel assigned to her unit.	27	0	1
18.	To discourage unnecessary overtime.	25	2	1
19.	To encourage that shift be started and completed on time.	28	0	0
20.	To practice economy of supplies and equipment.	28	0	0
21.	To prepare condition report on time (supervisor's report).	26	1	1

	YES	NO	N/A
III. Directing			
A. Management and Administration Function			
The nurse in charge is expected:			
1. To utilize the principles of management related to the responsibilities of the nurse in a leadership position.	28	0	0
2. To integrate responsibilities for nursing management of a group of patients based upon theories of organization and communication.	26	0	2
3. To relate basic principles of administration to the role of the nurse meeting health needs in an organizational framework.	26	0	2
4. To maintain a positive attitude towards responsibilities.	28	0	0
5. To delegate the responsibility of patient care to the various levels of nursing personnel, i.e. professional nurse, practical nurse, and the nursing assistant.	28	0	0
6. To conduct or delegate responsibility for ward/team conference.	22	2	4
7. To check or delegate the responsibility of the crash cart.	27	1	0
8. To direct staff members to report work that has been completed, work that has not been completed, personal comments from patients about their illness, complaints, etc.	28	0	0
9. To have staff members report directly to the nurse in charge for that shift or team leader.	27	0	1
10. To collaborate with supportive services within the hospital.	27	1	0
11. To collaborate with community services by supportive services	21	5	2
12. To provide a safe, clean environment by:			
a. utility areas clean and orderly	27	0	1
b. having trash emptied from all areas	24	1	3
c. having linen receptacles emptied	24	1	3
d. enforcing isolation techniques	27	0	1
e. reporting needs for maintenance repairs	27	1	0
13. To carry out physician orders promptly and accurately or delegate to other appropriate staff members.	28	0	0
14. To take telephone orders from physicians.	27	1	0
15. To take reports of diagnostic studies per telephone.	25	3	0
16. To have an awareness of nursing responsibilities associated with the total medical care plan.	28	0	0

		YES	NO	OR N/A
17.	To stay informed about any changes in physician's orders for patients and to inform the appropriate staff members of these changes.	28	0	0
18.	To assist physicians in completing surgical consent forms.	25	1	2
19.	To clarify questionable orders with physician.	28	0	0
20.	To call patient's physician as necessary to meet the needs of the patient and to inform the physician of any changes in the patient's condition that the physician should be aware of.	28	0	0
21.	To call the patient's spiritual advisor (priest, minister, etc. at the patient's or family's request or if a change in a patient's condition indicates.	28	0	0
22.	To visit all post-operative patients immediately on their return to the unit.	25	2	1
23.	To see all emergency cases immediately.	27	0	1
24.	To maintain personal contact with all patients on the unit/team	26	2	0
25.	To insure appropriate action in codes and all emergency situations on assigned units.	27	1	0
26.	To adhere to the standards of nursing practice of the hospital	28	0	0
27.	To become knowledgeable about the policies of the hospital in which they are employed.	28	0	0
28.	To support the policies of the hospital in which they are employed.	28	0	0
29.	To be responsible for carrying out policies and procedures as defined by the Nursing Policy and Procedure Manual.	28	0	0
30.	To interpret hospital policy to staff, patients, and families	27	1	0
31.	To assume the responsibility for the adherence of nursing staff members to hospital and nursing policies.	27	1	0
B.	Directing Record Keeping and Reporting Responsibilities			
	The nurse in charge is expected:			
1.	To maintain accurate and complete records.	28	0	0
2.	To know the elements of proper written and oral reports.	28	0	0
3.	To formulate and give accurate reports.	28	0	0
4.	To listen to reports from staff members and evaluate.	28	0	0
5.	To compile the data collected from staff members and to report this information to the oncoming shift.	25	1	2

		YES	NO	OR N/A
6.	To tape the nursing report for the next shift.	11	11	6
7.	To receive nursing report from the previous shift.	28	0	0
8.	To accurately document nursing actions which adequately reflect the care given to patients or observations made concerning patients.	26	1	1
9.	To complete incident reports when necessary.	28	0	0
10.	To complete additional reports designated for the shift by nursing administration.	25	2	1
11.	To complete patient condition record.	25	21	1
12.	To report unit progress to the appropriate source.	27	1	0
13.	To inform the supervisor of notable changes in the condition of patients and of any deaths.	28	0	0
14.	To notify the nursing office or supervisor of any unusual occurrence.	28	0	0
15.	To prepare the narcotic reports.	17	8	3
16.	To report housekeeping, maintenance, supplies, equipment, scheduling of diagnostic procedures, patient and staff problems to the appropriate source.	27	1	0
17.	To complete discharge forms.	26	2	0
18.	To complete and initiate infection reports.	20	5	3
19.	When transferring patients from one patient care unit to provide the nurse receiving the patient with a complete report about the patient's condition.	27	1	0
20.	To instruct the unit secretary to initiate her duties.	27	1	0
C.	Leadership:			
	The nurse in charge is expected:			
1.	To know the concept of and the process of leadership.	28	0	0
2.	To select the appropriate theory or principles relevant to leading others in providing health care.	27	1	0
3.	To analyze leadership styles and to recognize the advantages and disadvantages of each style.	26	1	1
4.	To identify and value leadership traits.	27	1	0

		YES	NO	OR N/A
5.	To analyze the qualifications, roles and responsibilities of the nurse as a leader.	25	2	1
6.	To interpret the role of the nurse as a leader and her relationship to a hospital.	26	1	1
7.	To demonstrate a leadership role through clinical practice	28	0	0
	supervision	28	0	0
	teaching	24	4	0
	research	11	13	4
8.	To participate as a member of the nursing staff as well as a leader.	28	0	0
9.	To assume a leadership role in unit patient care conferences.	26	1	1
10.	To explore the complexity and dynamics of the environment within which nursing leadership is exercised.	22	4	2
11.	To encourage staff cooperation by an atmosphere of democracy.	27	1	0
12.	To promote a spirit of inquiry in nursing unit personnel.	27	1	0
13.	To create the feeling of unit cooperation and creativity among unit personnel.	28	0	0
14.	To encourage initiative in staff members.	28	0	0
15.	To develop strengths in staff members.	28	0	0
16.	To recognize and accept the contribution made by each member of the team.	28	0	0
17.	To maintain and establish confidence from patients.	28	0	0
18.	To maintain a harmonious relationship with related departments of the hospital.	28	0	0
19.	To establish and maintain good relationships within the community.	24	4	0
20.	To interact interdependently with other members of the health care team.	28	0	0
21.	To be appropriately assertive when relating to other separate hospital departments, physicians, staff members, patients, and their families.	28	0	0
22.	To establish realistic nurse/doctor relationships for better patient care.	28	0	0
23.	To cooperate in the execution of clinical research.	16	7	5
24.	To assess own behavior in working with individuals and groups through the use of self-evaluation and peer reviews.	22	2	2

	YES	NO	OR N/A
25. To recognize the need for continuous personal and professional growth.	28	0	0
26. To participate in institutes, workshops, and research programs for the improvement of patient care administration.	27	0	1
27. To participate in committees as necessary.	27	0	1
28. To be knowledgeable about the nursing literature and new developments in the nursing field, with emphasis on medical or surgical nursing or both.	27	1	0
29. To complete one hour of inservice education every month.	18	8	2
30. To develop personal leadership skills by:			
Identifying own strengths and weaknesses	25	3	0
Establish own goals and implement plan for self development	24	2	2
Join professional organizations, participate in meetings, educational programs and workshops	22	4	2
Subscribe to and read professional journals and magazines	22	5	1
Visit other facilities for exchange of ideas and enhancement of professional knowledge of skills	13	11	4

D. Problem Solving

The nurse in charge is expected:

1. To use problem solving techniques as a means of making decisions related to the administration of patient care on a unit.	27	0	1
2. To develop skill in problem solving techniques.	28	0	0
3. To analyze problems.	28	0	0
4. To sort out alternatives.	28	0	0
5. To use decision making theory as a basis for effective leadership and to solve problems.	27	1	0
6. To apply the nursing process in clinical situations to solve problems.	26	1	1
7. To utilize the scientific method in the management of patient problems.	23	4	1
8. To participate in the process of resolving mutual problems with other departments.	25	2	1
9. To respond to the needs of other departments during periods of conflict.	25	3	0

	YES	NO	OR N/A
10. To interpret the needs and problems of patients to staff members and to assist them in planning solutions to nursing problems.	28	0	0
11. To reassess a patient's situation if problems are not relieved	28	0	0
E. Teaching:			
The nurse in charge is expected:			
1. To teach patients and families as needed.	25	2	1
2. To promote a climate conducive to learning for both personnel and students.	26	2	0
3. To teach patients good health habits.	27	1	0
4. To teach auxiliary personnel new techniques, changes in policy etc.	19	7	2
5. To provide on-the-spot teaching necessary to direct effective patient care.	27	1	0
6. To provide teaching by example.	28	0	0
7. To implement effective patient teaching.	25	1	2
8. To provide daily unit conferences for the purposes of teaching	12	13	3
9. To perform or assure that all patients on the unit receive post-operative teaching before they go to surgery and to complete the preoperative checklist.	24	3	1
10. To know the purposes of orientation and orient new personnel to the unit.	28	0	0
11. To participate in inservice programs and continuing education.	28	0	0
12. To provide support and guidance on an individual basis to new personnel during and after orientation.	28	0	0
F. Change Theory:			
The nurse in charge is expected:			
1. To identify factors which influence the successful implementation of change.	25	3	0
2. To incorporate findings from research in nursing and related fields of management and behavioral science to increase the knowledge base for change in the practice of nursing.	18	6	4
3. To know and implement ways to minimize staff resistance to change.	24	2	2

	YES	NO	OR N/A
G. Communication Theory and Techniques:			
The nurse in charge is expected:			
1. To utilize communication theories and techniques as a basis for effective leadership.	27	0	1
2. To communicate through the appropriate channels of communication in order to affect change.	28	0	0
3. To know several methods of communication and to utilize improved methods of communication.	24	2	2
4. To utilize communication skills in order to establish effective group relationships.	28	0	0
5. To communicate appropriately with others: Hospital Departments			
physicians	28	0	0
patients	28	0	0
families	28	0	0
visitors	28	0	0
team members	28	0	0
clinical nurses	28	0	0
community	23	4	1
6. To be courteous and cooperative when communicating with others	28	0	0
7. To communicate with patients and families throughout the execution of the nursing care plan.	28	0	0
8. To develop a functional rapport with co-workers.	28	0	0
9. To demonstrate the verbal skills necessary to present information and ideas essential to supervisory duties.	27	1	0
10. To communicate the needs of the patients on her unit to the appropriate source, physician, and other hospital personnel	27	1	0
IV. Control			
A. Supervision			
The nurse in charge is expected:			
1. To know the legal aspects of nursing that pertain to the supervision of nursing staff members.	27	0	1
2. To analyze legal/ethical implication of nursing practices.	25	2	1
3. To know the contents of the Nurse Practice Act and its implications for nursing practice.	26	1	1
4. To stay informed of local, state, and national activities that affect quality of patient care and integrate the applicable concepts into nursing practice.	24	3	1

	YES	NO	OR N/A
5. To know the role of the nurse in the legislative process both as an individual and as a collective group.	17	9	2
6. To require accountability for performance in patient care rendered from unit personnel	28	0	0
B. Evaluation of Staff Performance:			
The nurse in charge is expected:			
1. To know methods of appraising staff performance.	26	2	0
2. To evaluate personnel performance and offer solutions.	26	1	1
3. To assist staff members to evaluate performance.	27	1	0
4. To observe performance of all nursing personnel and to record observations.	22	6	0
5. To complete an anecdotal record on each staff member twice weekly.	7	19	2
6. To keep accurate and current anecdotal records of staff performance for the evaluation process.	10	15	3
7. To assist the head nurse or supervisor in the identification and development of professional nurses for the management of patient care.	23	5	0
8. To assist the head nurse or supervisor in performance evaluation of the staff.	25	3	0
9. To determine completion of assignments and correct implementation of patient centered plans, (i.e. tx., v.s., feedings, special procedures).	28	0	0
10. To utilize observation skills to evaluate completion of assignments as well as a method for determining skills of team members.	27	1	0
11. To re-evaluate the accomplishments of the nursing staff during the shift and make assessment of areas needing improvement and strong areas.	26	2	0
C. Evaluation of Patient Care Plans and Patient Care for a Unit:			
The nurse in charge is expected:			
1. To evaluate a patient care plan using the principles of evaluation.	25	2	1
2. To evaluate nursing care for an entire patient unit (more than 12 patients).	23	5	0
3. To incorporate evaluation techniques that will assess the health care system with which they are involved.	21	6	1

	YES	NO	OR N/A
4. To compare patient's behavior and/or condition with the physical social, spiritual and psychological goals stated in the nursing care plan.	23	4	1
5. To determine if implementation of care plan relieves patient's problems.	28	0	0
6. To modify plan of care when changes in patient's condition requires it and to implement the changes.	28	0	0
7. To update continuously and revise nursing care plans for a patient unit.	28	0	0
8. To check daily the nursing Kardex for thoroughness, accuracy and legibility.	26	2	0
9. To realize the ongoing evaluation of nursing care rendered on a unit is the responsibility of the professional nurse.	28	0	0
10. To participate in ongoing audit program.	14	11	3
D. Setting of Standards for Patient Care:			
The nurse in charge is expected:			
1. To review Quality Control reports and to utilize these as guidelines for patient care.	13	11	4
2. To determine standards of care for nursing area.	18	8	2
3. To assist with the establishment of patient care criteria for a unit.	23	3	2
4. To implement nursing care criteria that meet nursing care standards for specified diagnosis.	24	2	2
E. Use of Nursing Rounds in Supervision:			
The nurse in charge is expected:			
1. To utilize nursing rounds several times during the shift as a supervision technique for the purposes of:			
assessing conditions of patients	28	0	0
evaluation of patient care	28	0	0
completion of nursing treatments	27	1	0
to assist staff members requiring help	28	0	0
2. To make rounds with the physician.	23	5	0
3. To make rounds with supervisor and head nurse as indicated.	20	6	2

	YES	NO	OR N/A
F. Discipline Responsibilities:			
The nurse in charge is expected to:			
1. Correct staff members in a corrective way.	26	2	0
2. Supervise staff members time cards.	5	20	3
3. Report any absenteeism of staff members to appropriate source.	24	3	1
4. To offer appropriate disciplinary measures to staff and/or to relay this information to the appropriate source.	24	3	1
5. Counsel employees as necessary when assigned charge nurse responsibilities.	21	5	2
6. To refer staff members who are unwilling to accept their patients responsibilities to the supervisor or other appropriate source.	28	0	0
7. To make staffing recommendations to the nursing office.	21	4	3
G. Provides for a Therapeutic Environment:			
The nurse in charge is expected:			
1. To tone down radios and televisions by 9:00 P.M.	21	6	1
2. To turn off radios and televisions by 10:00 P.M.	7	17	4
3. To prepare all patients for sleep.	15	12	1
4. To have all visitors leave the unit by 9:00 P.M. unless patient's condition warrants someone staying.	26	1	1
5. To notify security guards if visitors without permission remain on unit after 9:00 P.M. after having been asked to leav	24	1	3
6. To check equipment such as oxygen, traction, and vaporizers.	22	5	1
7. To check for patient safety and precautions of the unit (siderails up, etc.)	27	1	0
H. Monitoring Responsibilities:			
The nurse in charge is expected:			
1. To stay informed about patient's condition at all times.	28	0	0
2. To check orders transcribed by floor secretary.	27	1	0
3. To check to see if the physician's order has been carried out.	28	0	0

		YES	NO	OR N/A
4.	To review charts for: pertinent and accurate recording	27	1	0
	8 hour summary totals	24	3	1
	to determine if patients need more intake or output	26	2	0
	co-signs nursing co-workers charts	17	10	1
5.	To review medications routinely and label charts as to the medication needing renewal.	17	9	2
6.	To check medication sheet with medication for accuracy	21	5	2
7.	To delegate or count narcotics at the change of shifts.	24	4	0
8.	To check with pharmacist upon receiving next 24 hours medication cart with the medication record with the amount of medication in the patient's drawer to assure accuracy and to prevent medication errors.	14	11	3
9.	To see that operative permits from newly admitted patients have been signed.	27	1	0
10.	To check and label patients who are NPO for surgery or diagnostic tests.	22	5	1
11.	To check all surgical skin preparations done by all staff members.	16	9	3
12.	To check and make sure daily weights are done and recorded on charts.	24	4	0
13.	To check charts and add additional forms and sheets as needed.	12	13	3
14.	To check pre-op patients' charts for proper records and make sure pre-op checklist is completed, vital signs obtained and surgical baths completed.	25	3	0
15.	To check to see if diagnostic x-ray preps are done, i.e. cleansing enemas, if needed.	26	2	0
16.	To check nursing care plans for daily lab/diagnostic requests and send requests to the appropriate department.	23	5	0
17.	To check diet list.	15	12	1
18.	To denote measures to correct inadequacies noted in the quality of patient care administered on a patient unit.	27	1	0

ADDITIONAL COMMENTS:

APPENDIX C

CHARGE NURSE CHECKLIST

Please check the functions you are expected to perform when you are the nurse in charge of your unit and then indicate whether you are "fully trained for this function" or "would like further training in the function".

Example:	YES	NO	N/A	Fully Trained	Would like further training
The nurse in charge is expected:					
1. To utilize the principles of assessment when assessing the health care needs of patients.	☑	☐	☐	☐	☑

I. Planning	YES	NO	N/A	Fully Trained	Would like further training
The nurse in charge is expected:					
A. Assessment					
1. To utilize the principles of assessment when assessing the health care needs of patients.	53	0	0	25	28
2. To assess a group of patients according to social, cultural, and emotional needs of patients.	52	0	1	29	24
3. To utilize Maslow's Basic Needs Theory in the assessment of patients' needs.	50	1	2	25	28
4. To assess and to identify the individual needs of every patient on a unit.	51	2	0	33	20
5. To assess patient needs based on the knowledge and understanding gained from the physical and biological assessment.	53	0	0	27	26
6. To utilize decision-making theory when attempting to assess a situation.	53	0	0	31	22
7. To assess each patient's condition by reports from staff members, the nursing Kardex or nursing care plan.	51	2	0	40	13
8. To identify and assess the nursing care needs of patients at the time of admission.	53	0	0	38	15

	YES	NO	N/A	Fully Trained	Would like further training
B. Development of a Patient Care Plan:					
The nurse in charge is expected:					
1. To plan nursing care so that the best total and individual nursing care is administered.	52	1	0	31	22
2. To develop nursing care plans that include long and short range goals for all of the patients on a patient care unit.	51	1	1	28	25
3. To plan and provide for: preventive	49	3	1	37	16
therapeutic	49	4	0	35	18
palliative	50	2	1	34	19
rehabilitative nursing care for each patient on a unit.	50	2	1	30	23
4. To develop patient care plans in accordance with identified needs, problems and goals.	52	1	0	32	21
5. To develop care plans in a manner so that the goals of the care plan can be evaluated by herself and other members of the nursing team.	52	1	0	32	21
6. To determine realistic patient care goals.	51	1	1	38	15
7. To set goals that are mutually determined with the patient and pertinent others.	49	3	1	35	18
8. To identify the capabilities and limitations of patients and to consider these in the development of patient care plans.	52	1	0	35	18
9. To develop nursing care plans that provide for continuing care of patients after discharge from the hospital.	40	6	7	27	26
10. To seek cooperation from co-workers when planning patient care.	53	0	0	41	12
11. To establish nursing orders to fulfill the plan of care in keeping with the medical treatment plan.	50	3	0	35	18
12. To plan nursing approaches on the basis of current scientific knowledge.	48	5	0	30	23
13. To provide for appropriate nursing intervention that results in patient progress.	53	0	0	36	17
14. To plan nursing actions that promote, maintain, and restore the patient's well being.	53	0	0	38	15

	YES	NO	N/A	Fully Trained	Would like further training
C. Collection of Data for the Nursing Care Plan and Consulting for Information Purposes:					
The nurse in charge is expected:					
1. To collect data from:					
doctors	52	1	0	42	11
co-workers	53	0	0	44	9
families	53	0	0	41	12
friends of the patient	51	1	1	41	12
other	52	0	1	42	11
2. To collect data that is needed for the development of a nursing care plan form by:					
interview	53	0	0	41	12
examination	53	0	0	38	15
observation	53	0	0	41	12
reading reports	53	0	0	38	15
3. To consult with various sources in order to collect the necessary information to formulate a nursing diagnosis and to initiate a care plan using the physician's medical diagnosis and orders.	51	1	1	33	20
4. To consult with: physicians	50	2	1	40	13
other departments within hospital	49	2	2	42	11
outside agencies	43	6	4	35	18
5. To confer with nurse clinicians about nursing care management in the development of nursing care plans.	30	7	16	36	17
D. Additional Methods of Planning Patient Care:					
1. To provide on-the spot conferences with staff members when planning or executing a patient care plan.	50	1	2	35	18
2. To conduct and to participate in unit patient care planning conferences.	39	5	9	33	20
3. To conduct nursing rounds as a tool for planning patient care.	44	4	3	37	16
E. Planning for Teaching Needs:					
1. To identify the teaching needs of each patient and to include these needs in the development of a nursing care plan.	51	0	2	26	27
2. To develop a teaching plan to instruct patients and their families in rehabilitation techniques, health maintenance and illness prevention.	57	3	3	19	34

	YES	NO	N/A	Fully Trained	Would like further training
3. To assist in the development and revision of nursing tools.	49	3	1	27	26
4. To assess the educational needs of personnel on the patient care unit.	46	6	1	33	20
5. To cooperate with the Inservice Education Department in the planning and development of programs to meet the educational needs of the nursing staff.	49	3	1	33	20
II. Organizing					
The nurse in charge is expected:					
A. Administrative Considerations in Organizing:					
1. To read an organizational chart and to identify lines of authority and communication.	50	3	0	36	17
2. To know the functions of all hospital departments policies, regulations and procedures of a hospital related to Nursing Service.	46	7	0	34	19
3. To use the organizational structure of a hospital constructively.	51	1	1	33	20
4. To use several approaches to patient care organization.	51	1	1	29	24
5. To be creative in their thinking about the administration of nursing care to patients and their families.	51	1	1	30	23
6. To assign patients and unit duties to nursing staff members according to:					
case method	34	11	8	35	18
functional method	39	5	9	38	15
team method	44	3	6	43	10
primary method	31	8	14	42	11
modular method	32	10	11	31	22
7. To know how trends affect the delivery of health care services such as: political influence, national health insurance, legislative process, continued professional competence issues, health systmes agency role, and nurse power.	39	13	7	36	27
8. To assist in the development and implementation of innovative methods for unit organization.	44	5	4	25	28
9. To analyze the philosophy, objectives and functions of the health care facilities as a social system.	37	11	5	34	19

	YES	NO	N/A	Fully Trained	Would like further training
B. Assignment Considerations in Organizing:					
The nurse in charge is expected:					
1. To know the legal aspects of nursing and is expected to apply this knowledge when making out staff assignments.	52	1	0	22	31
2. To know the responsibilities of all nursing staff members and is expected to utilize this knowledge when preparing the assignments for staff members.	53	0	0	35	18
3. To assess the performance level of staff members before making staff assignments.	51	2	0	39	14
4. To know the background and experience of each staff member.	45	4	4	39	14
5. To consider personality traits when assigning patients to staff members.	47	4	2	45	8
6. To delegate responsibility to nursing staff members according to each member's education, training and capacity.	50	2	1	45	8
7. To utilize the talents of all members of the nursing staff.	53	0	0	42	11
8. To plan the assignment of patients and other duties to the nursing staff members according to the ability of the worker and the needs of the patient.	50	3	0	44	9
9. To identify special restrictions and limitations of staff before making assignments (i.e. back trouble, diabetes).	51	2	0	46	7
10. To identify priorities for the management of patient care at the beginning of the shift.	53	0	0	43	10
11. To assess the total needs of the patient unit before making assignments.	52	0	1	41	12
12. To assess the work carryover from the previous shift before making assignments.	48	3	2	45	8
13. To make a quick check on patients with intravenous infusions before making staff assignments.	30	19	4	48	5
14. To classify patients according to the degree of illness and type of nursing care required for assignment purposes.	47	3	3	45	8

		YES	NO	N/A	Fully Trained	Would like further training
15.	To know the rationale and analyze problems in making assignments.	49	1	3	40	13
16.	To make assignments so that nursing staff members can attend inservice education programs.	47	5	1	46	7
17.	To make assignments that permit staff members to break and have meals at times that are compatible with their patient care duties and responsibilities.	47	2	4	48	5
18.	To include unoccupied patient rooms in the assignment of patients and duties to nursing staff members.	43	7	3	49	4
19.	To prepare an assignment sheet listing the responsibilities of all personnel on the unit.	44	6	3	38	15
20.	To clarify patient care responsibilities with each staff member after nursing report.	49	3	1	47	6
21.	To determine which nursing treatments are to be given during the shift and to make out a treatment sheet assigning certain treatments to individual staff members.	46	5	2	43	10
22.	To make out the assignment of patients for staff members on the oncoming shift.	12	38	3	52	1
23.	To re-evaluate assignments during the shift and to rearrange assignments when changes have occurred on the unit that require adjustments in the assignments.	49	3	1	40	13
24.	To assign very sick patients to a registered nurse or a licensed practical nurse.	44	7	2	42	11
25.	To administer medication for a unit of patients when necessary.	50	0	3	48	5
26.	To clarify the assignment by pointing out to staff members the special observations, procedures, and treatments that are to be done for each patient.	49	2	2	46	7

	YES	NO	N/A	Fully Trained	Would like further training
C. Unit Coordination and Continuity of Patient Care:					
The nurse in charge is expected:					
1. To be accountable for continuity and coordination of care by use of appropriate communication skills.	52	1	0	37	16
2. To utilize conferences as a means of coordinating patient care.	42	7	4	33	20
3. To coordinate patient discharges.	48	5	0	41	12
4. To coordinate patient and family teaching.	46	4	3	42	21
5. To coordinate unit activities with other non-nursing departments.	47	3	3	34	19
6. To arrange for transportation of patients to the operating room and other departments.	37	1	5	48	5
7. To confer with service supervisor regarding patient transfer within, onto, or off the unit.	50	1	2	48	5
8. To refer problems related to the coordination of unit activities with other non-nursing departments and refer these problems to the appropriate source.	49	0	4	47	6
9. To utilize nursing personnel	52	1	0	46	7
10. To be a resource person for patient care problems.	53	0	0	42	11
11. To cooperate with instructors in the guidance and direction of student experience.	48	2	3	43	10
12. To provide continuity of patient care by checking to see that the determined plan of care is being implemented.	53	0	0	39	14
13. To assist with bedside nursing care given to patients in her assigned area as needed.	53	0	0	50	3
14. To utilize time efficiently.	53	0	0	38	15
15. To utilize equipment efficiently.	53	0	0	41	12
16. To utilize personnel efficiently.	53	0	0	41	12
17. To assure that cost efficient approaches are utilized by nursing personnel assigned to her unit.	49	2	2	33	20

	YES	NO	N/A	Fully Trained	Would like further training
18. To discourage unnecessary overtime.	47	5	1	46	7
19. To encourage that shift be started and completed on time.	53	0	0	47	6
20. To practice economy of supplies and equipment.	53	0	0	48	5
21. To prepare condition report on time (supervisor's report)	47	0	6	48	5
III. Directing					
A. Management and Administration Function					
The nurse in charge is expected:					
1. To utilize the principles of management related to the responsibilities of the nurse in a leader ship position.	52	0	1	28	25
2. To integrate responsibilities for nursing manage of a group of patients based upon theories of organization and communication.	51	2	0	28	25
3. To relate basic principles of administration to the role of the nurse meeting health needs in an organizational framework.	51	1	1	27	26
4. To maintain a positive attitude towards responsibilities.	53	0	0	42	11
5. To delegate the responsibility of patient care to the various levels of nursing personnel, i.e. professional nurse, practical nurse, and the nursing assistant.	51	1	1	45	8
6. To conduct or delegate responsibility for ward/team conference.	39	4	10	43	10
7. To check or delegate the responsibility of the crash cart.	50	1	2	48	5
8. To direct staff members to report work that has been completed, work that has not been completed personal comments from patients about their illness, complaints, etc.	53	0	0	46	7
9. To have staff members report directly to the nurse in charge for that shift or team leader.	53	0	0	47	6
10. To collaborate with supportive services within the hospital.	52	0	1	43	10
11. To collaborate with community services by supportive services.	40	5	8	35	18

	YES	NO	N/A	Fully Trained	Would like further training
12. To provide a safe, clean environment by:					
a. utility areas clean and orderly	50	2	1	52	1
b. having trash emptied from all areas	46	3	4	51	2
c. having linen receptacles emptied	41	5	7	53	0
d. enforcing isolation techniques	51	0	2	30	23
e. reporting needs for maintenance repairs	51	1	1	52	1
13. To carry out physician orders promptly and accurately or delegate to other appropriate staff members.	53	0	0	53	0
14. To take telephone orders from physicians.	53	0	0	53	0
15. To take reports of diagnostic studies per telephone.	51	2	0	52	1
16. To have an awareness of nursing responsibilities associated with the total medical care plan.	53	0	0	42	11
17. To stay informed about any changes in physician's orders for patients and to inform the appropriate staff members of these changes.	53	0	0	51	2
18. To assist physicians in completing surgical consent forms.	46	2	5	52	1
19. To clarify questionable orders with physician.	53	0	0	50	3
20. To call patient's physician as necessary to meet the needs of the patient and to inform the physician of any changes in the patient's condition that the physician should be aware of.	53	0	0	50	3
21. To call the patient's spiritual advisor (priest, minister, etc.) at the patient's or family's request or if a change in a patient's condition indicates.	53	0	0	57	2
22. To visit all post-operative patients immediately on their return to the unit.	48	2	3	52	1
23. To see all emergency patients immediately.	49	1	3	51	2
24. To maintain personal contact with all patients on the unit/team.	50	2	1	50	3
25. To insure appropriate action in codes and all emergency situations on assigned units.	53	0	0	33	20
26. To adhere to the standards of nursing practice of the hospital.	53	0	0	45	8
27. To become knowledgeable about the policies of the hospital in which they are employed.	53	0	0	40	13

	YES	NO	N/A	Fully Trained	Would like further training
28. To support the policies of the hospital in which they are employed.	53	0	0	43	10
29. To be responsible for carrying out policies and procedures as defined by the Nursing Policy and Procedure Manual.	53	0	0	43	10
30. To interpret hospital policy to staff, patients and families.	53	0	0	42	11
31. To assume the responsibility for the adherence of nursing staff members to hospital and nursing policies.	49	3	1	40	13
B. Directing Record Keeping and Reporting Responsibilities					
The nurse in charge is expected:					
1. To maintain accurate and complete records.	53	0	0	45	8
2. To know the elements of proper written and oral reports.	53	0	0	44	9
3. To formulate and give accurate reports.	53	0	0	43	10
4. To listen to reports from staff members and evaluate.	53	0	0	49	4
5. To compile the data collected from staff members and to report this information to the oncoming shift.	51	1	1	48	5
6. To tape the nursing report for the next shift.	19	12	22	52	1
7. To receive nursing report from the previous shift.	53	0	0	51	2
8. To accurately document nursing actions which adequately reflect the care given to patients or observations made concerning patients.	52	1	0	44	9
9. To complete incident reports when necessary.	53	0	0	48	5
10. To complete additional reports designated for the shift by nursing administration.	47	3	3	50	3
11. To complete patient condition report.	44	3	6	50	3
12. To report unit progress to the appropriate source.	47	2	4	49	4
13. To inform the supervisor of notable changes in the condition of patients and of any deaths.	52	0	1	53	0

	YES	NO	N/A	Fully Trained	Would like further training
14. To notify the nursing office or supervisor of any unusual occurrence.	53	0	0	52	1
15. To prepare the narcotic reports.	46	4	3	52	1
16. To report housekeeping, maintenance, supplies, equipment, scheduling of diagnostic procedures, patient and staff problems.	52	2	0	49	4
17. To complete discharge forms.	50	2	1	49	4
18. To complete and initiate infection reports.	33	9	11	40	13
19. When transferring patients from one patient care unit to provide the nurse receiving the patient with a complete report about the patient's condition.	52	0	1	50	3
20. To instruct the unit secretary to initiate her duties.	47	3	3	51	2
C. Leadership:					
The nurse in charge is expected:					
1. To know the concept of and the process of leadership.	53	0	0	33	20
2. To select the appropriate theory or principles relevant to leading others in providing health care.	53	0	0	31	22
3. To analyze leadership styles and to recognize the advantages and disadvantages of each style.	50	3	0	25	28
4. To identify and value leadership traits.	53	0	0	35	18
5. To analyze the qualification, roles and responsibilities of the nurse as a leader.	51	1	1	37	16
6. To interpret the role of the nurse as a leader and her relationship to a hospital.	50	1	2	38	15
7. To demonstrate a leadership role through clinical practice					
supervision	52	0	1	37	16
teaching	53	0	0	31	22
research	38	5	10	33	20
8. To participate as a member of the nursing staff as well as a leader.	53	0	0	46	7
9. To assume a leadership role in unit patient care conferences.	45	2	6	44	9

	YES	NO	N/A	Fully Trained	Would like further training
10. To explore the complexity and dynamics of the environment within which nursing leadership is exercised.	47	3	3	29	24
11. To encourage staff cooperation by an atmosphere of democracy.	51	2	0	42	11
12. To promote a spirit of inquiry in nursing unit personnel.	51	0	2	43	10
13. To create the feeling of unit cooperation and creativity among unit personnel.	52	0	1	41	12
14. To encourage initiative in staff members.	53	0	0	41	12
15. To develop strengths in staff members.	53	0	0	38	15
16. To recognize and accept the contribution made by each member of the team.	53	0	0	44	9
17. To maintain and establish confidence from patient	53	0	0	45	8
18. To maintain a harmonious relationship with related departments of the hospital.	53	0	0	44	9
19. To establish and maintain good relationships within the community.	46	2	5	42	11
20. To interact interdependently with other members of the health care team.	52	1	0	46	7
21. To be appropiately assertive when relating to other separate hospital departments, physicians, staff members, patients, and their families.	53	0	0	38	15
22. To establish realistic nurse/doctor relationships for better patient care.	53	0	0	43	10
23. To cooperate in the execution of clinical research.	34	7	12	35	18
24. To assess own behavior in working with individuals and groups through the use of self-evaluation and peer reviews.	45	6	2	34	19
25. To recognize the need for continuous personal and professional growth.	53	0	0	39	14
26. To participate in committees as necessary.	52	1	0	44	9
27. To participate in institutes, workshops, research programs for the improvement of patient care administration.	52	0	1	35	18

	YES	NO	N/A	Fully Trained	Would like further training
28. To be knowledgeable about the nursing literature and new developments in the nursing field, with emphasis on medical or surgical nursing or both.	51	1	1	28	25
29. To complete one hour of inservice education every month.	41	6	6	43	10
30. To develop personal leadership skills by:					
identifying own strengths and weaknesses	52	1	0	35	18
establishing own goals and implementing plans for self development	52	1	0	34	19
joining professional organizations, participating in meetings, educational programs and workshops	57	5	1	41	12
subscribing to and reading professional journals and magazines	49	4	0	47	6
visiting other facilities for exchange of ideas and enhancement of professional knowledge or skills	41	8	4	39	14

D. Problem Solving

The nurse in charge is expected:

1. To use problem solving techniques as a means of making decisions related to the administration of patient care on a unit.	52	1	0	36	17
2. To develop skill in problem solving techniques.	53	0	0	29	24
3. To analyze problems.	53	0	0	33	20
4. to sort out alternatives.	53	0	0	36	17
5. To use decision making theory as a basis for effective leadership and to solve problems.	52	1	0	29	24
6. To apply the nursing process in clinical situations to solve problems.	53	0	0	32	21
7. To utilize the scientific method in the management of patient problems.	51	1	1	33	20
8. To participate in the process of resolving mutual problems with other departments.	52	0	1	30	13
9. To respond to the needs of other departments during periods of conflict.	51	1	1	36	17
10. To interpret the needs and problems of patients to staff members and to assist them in planning solutions to nursing problems.	53	0	0	35	18

	YES	NO	N/A	Fully Trained	Would like further training
11. To reassess a patient's situation if problems are not relieved.	53	0	0	41	12
E. Teaching:					
The nurse in charge is expected:					
1. To teach patients and families as needed.	51	1	1	33	20
2. To promote a climate conducive to learning for both personnel and students.	52	1	0	39	14
3. To teach patients good health habits.	52	0	1	45	8
4. To teach auxiliary personnel new techniques, changes in policy, etc.	47	1	5	41	12
5. To provide on-the-spot teaching necessary to direct effective patient care.	53	0	0	47	6
6. To provide teaching by example.	53	0	0	45	8
7. To implement effective patient teaching.	52	1	0	35	18
8. To provide daily unit conferences for the purposes of teaching.	33	14	9	41	12
9. To perform or assure that all patients on the unit receive post-operative teaching before they go to surgery and to complete the preoperative checklist.	43	6	4	42	11
10. To know the purposes of orientation and orient new personnel to the unit.	53	0	0	43	10
11. To participate in inservice programs and continuing education.	51	0	2	46	7
12. To provide support and guidance on an individual basis to new personnel during and after orientation.	53	0	0	45	8
F. Change Theory:					
The nurse in charge is expected:					
1. To identify factors which influence the successful implementation of change.	49	1	3	31	22
2. To incorporate findings from research in nursing and related fields of management and behavioral science to increase the knowledge base for change in the practice of nursing.	42	3	8	32	21

	YES	NO	N/A	Fully Trained	Would like further training
3. To know and implement ways to minimize staff resistance to change.	50	2	1	22	31
G. Communication Theory and Techniques:					
The nurse in charge is expected:					
1. To utilize communication theories and techniques as a basis for effective leadership.	53	0	0	28	25
2. To communicate through the appropriate channels of communication in order to affect change.	53	0	0	37	16
3. To know several methods of communication and to utilize improved methods of communication.	53	0	0	24	29
4. To utilize communication skills in order to establish effective group relationships.	52	0	1	30	23
5. To communicate appropriately with others:					
Hospital departments	53	0	0	40	13
physicians	53	0	0	41	12
patients	53	0	0	43	10
families	53	0	0	41	12
visitors	53	0	0	40	13
team members	53	0	0	41	12
clinical nurses	43	0	10	39	14
community	44	2	7	35	18
6. To be courteous and cooperative when communicating with others.	53	0	0	45	8
7. To communicate with patients and families through out the execution of the nursing care plan.	51	1	1	42	11
8. To develop a functional rapport with co-workers.	53	0	0	44	9
9. To demonstrate the verbal skills necessary to present information and ideas essential to supervisory duties.	52	0	1	39	14
10. To communicate the needs of the patients on her unit to the appropriate source, physician, and other hospital personnel.	53	0	0	48	5
IV. Control					
A. Supervision					
The nurse in charge is expected:					
1. To know the legal aspects of nursing that pertain to the supervision of nursing staff members	51	2	0	27	26

	YES	NO	N/A	Fully Trained	Would like further training
2. To analyze legal/ethical implications of nursing practice.	50	3	0	27	26
3. To know the contents of the Nurse Practice Act and its implications for nursing practice.	51	2	0	20	33
4. To stay informed of local, state, and national activities that affect quality of patient care and integrate the applicable concepts into nursing practice.	48	5	0	23	30
5. To know the role of the nurse in the legislative process both as an individual and as a collective group.	44	7	2	22	31
6. To require accountability for performance in patient care rendered from unit personnel.	53	0	0	33	20
B. Evaluation of Staff Performance:					
The nurse in charge is expected:					
1. To know methods of appraising staff performance.	52	1	0	36	17
2. To evaluate personnel performance and offer solutions.	52	1	0	37	16
3. To assist staff members to evaluate performance.	49	3	1	39	14
4. To observe performance of all nursing personnel and to record observations.	44	5	4	44	9
5. To complete an anecdotal record on each staff member twice weekly.	15	20	18	44	9
6. To keep accurate and current anecdotal records of staff performance for the evaluation process.	22	17	14	42	11
7. To assist the head nurse or supervisor in the identification and development of professional nurses for the management of patient care.	46	3	4	31	22
8. To assist the head nurse or supervisor in performance evaluation of the staff.	49	2	2	35	18
9. To determine completion of assignments and correct implementation of patient centered plans, (i.e., tx., v.s., feedings, special procedures)	51	2	0	47	6
10. To utilize observation skills to evaluate completion of assignments as well as a method for determining skills of team members.	52	1	0	46	7

	YES	NO	N/A	Fully Trained	Would like further training
11. To re-evaluate the accomplishments of the nursing staff during the shift and make assessment of areas needing improvement and strong areas.	50	3	0	38	15
C. Evaluation of Patient Care Plans and Patient Care for a Unit.					
The nurse in charge is expected:					
1. To evaluate a patient care plan using the principles of evaluation.	48	4	1	35	18
2. To evaluate nursing care for an entire patient unit (more than 12 patients.)	47	5	1	35	18
3. To incorporate evaluation techniques that will assess the health care system with which they are involved.	45	6	2	41	12
4. To compare patient's behavior and/or condition with the physical, social, spiritual and psychological goals stated in the nursing care plan.	48	4	1	38	15
5. To determine if implementation of care plan relieves patient's problems.	49	3	1	42	11
6. To modify plan of care when changes in patient's condition requires it and to implement the changes.	50	2	1	41	12
7. To update continuously and revise nursing care plans for a patient unit.	49	3	1	38	15
8. To check daily the nursing Kardex for thoroughness, accuracy and legibility.	49	4	0	45	8
9. To realize the ongoing evaluation of nursing care rendered on a unit is the responsibility of the professional nurse.	52	1	0	44	9
10. To participate in ongoing audit program.	33	13	7	34	19
D. Setting of Standards for Patient Care:					
The nurse in charge is expected:					
1. To review Quality Control reports and to utilize these as guidelines for patient care.	36	11	6	37	16
2. To determine standards of care for nursing area.	45	8	0	42	11

	YES	NO	N/A	Fully Trained	Would like further training
3. To assist with the establishment of patient care criteria for a unit.	49	4	0	37	16
4. To implement nursing care criteria that meet nursing care standards for specified diagnosis.	48	5	0	34	19
E. Use of Nursing Rounds in Supervision:					
The nurse in charge is expected:					
1. To utilize nursing rounds several times during the shift as a supervision technique for the purposes of					
assessing conditions of patients	52	1	0	52	1
evaluation of patient care	52	1	0	57	2
completion of nursing treatments	52	1	0	52	1
to assist staff members requiring help	52	1	0	52	1
2. To make rounds with the physician.	47	5	1	52	1
3. To make rounds with supervisor and head nurse as indicated.	45	5	1	52	1
F. Discipline Responsibilities:					
The nurse in charge is expected to:					
1. Correct staff members in a corrective way.	42	1	0	39	14
2. Supervise staff members time cards.	19	21	13	51	2
3. Report any absenteeism of staff members to appropriate source.	51	1	1	53	0
4. To offer appropriate disciplinary measures to staff and/or to relay this information to the appropriate source.	50	3	0	46	7
5. Counsel employees as necessary when assigned charge nurse responsibilities.	48	2	3	45	8
6. To refer staff members who are unwilling to accept their patients responsibilities to the supervisor or other appropriate source.	52	0	1	48	5
7. To make staffing recommendations to the nursing office.	50	2	1	47	6

	YES	NO	N/A	Fully Trained	Would like further training
G. Provides for a Therapeutic Environment:					
The nurse in charge is expected:					
1. To tone down radios and televisions by 9:00 P.M.	35	12	6	53	0
2. To turn off radios and televisons by 10:00 P.M.	26	21	6	53	0
3. To prepare all patients for sleep.	34	15	4	53	0
4. To have all visitors leave the unit by 9:00 P.M. unless patient's conditon warrants someone staying.	42	3	8	53	0
5. To notify security guards if visitors without permission remain on unit after 9:00 P.M. after having been asked to leave.	40	6	7	53	0
6. To check equipment such as oxygen, traction, and vaporizers.	45	6	2	51	2
7. To check for patient safety and precautions of the unit (siderails up, etc.)	51	2	0	51	2
H. Monitoring Responsibilities:					
The nurse in charge is expected:					
1. Stay informed about patient's condition at all times.	53	0	0	49	4
2. Check orders transcribed by floor secretary.	48	2	3	52	1
3. Check to see if the physician's order has been carried out.	51	2	0	53	0
4. To review charts for:					
pertinent and accurate recording	50	3	0	48	5
8 hour summary totals	47	4	2	51	2
to determine if patients need more intake or output	49	4	0	53	0
cosigns nursing coworkers chart	38	12	3	53	0
5. To review medications routinely and label charts as to the medication needing renewal.	42	9	2	52	1
6. To check medication sheet with medication for accuracy.	49	4	0	53	0
7. To delegate or count narcotics at the change of shifts.	47	4	2	53	0

	YES	NO	N/A	Fully Trained	Would like further training
8. To check with pharmacist upon receiving next 24 hours medication cart with the medication record with the amount of medication in the patient's drawer to assure accuracy and to prevent medication errors.	35	15	13	50	3
9. To see that operative permits from newly admitted patients have been signed.	48	1	4	53	0
10. To check and label patients who are NPO for surgery or diagnostic tests.	47	3	3	51	2
11. To check all surgical skin preparations done by all staff members.	46	8	9	51	2
12. To check and make sure daily weights are done and recorded on charts.	46	4	3	53	0
13. To check charts and add additional forms and sheets as needed.	34	11	8	53	0
14. To check pre-op patients' charts for proper records and make sure pre-op checklist is completed, vital signs obtained and surgical baths completed.	47	3	3	52	1
15. To check to see if diagnostic x-ray preps are done, i.e. cleansing enemas, if needed	52	1	0	53	0
16. To check nursing care plans for daily lab diagnostic requests and send requests to the appropriate department.	47	3	3	51	2
17. To check diet list.	41	11	1	53	0
18. To denote measures to correct inadequacies noted in the quality of patient care administered on a patient unit.	52	1	0	43	10

APPENDIX D

DEMOGRAPHICAL DATA

Research Number: 1103

Hospital Name: _____

Hospital Bed Size: _____

Nursing School you originally attended: _____

_____

Year graduated: _____

Are you now: (circle one) AD DIP BSN MS/MSN

Are you working: Full time Part time

What shift do you work? 7-3 3-11 11-7 Other (Please specify: _____

APPENDIX E

COVER LETTER

Dear

Enclosed is a questionnaire designed to determine the management training needs of charge nurses in 90-150 bed hospitals in Oklahoma. Since your hospital falls into this size range, we need your participation in this study. It is imperative to the results of this research that each hospital participating respond.

Enclosed are two types of questionnaires. The four labeled Administration should be completed by:

1. the Director of Nursing
2. House Supervisor, 7-3
3. House Supervisor, 3-11
4. House Supervisor, 11-7

The other nine need to be completed by registered nurses who frequently function as unit charge nurses in your hospital. (Please do not select Head Nurses or Nurse Managers to complete these questionnaires.) Three charge nurses from each shift should be used, if possible. However, this is not mandatory to the study.

After the questionnaires have been completed, please return them in the enclosed self-addressed envelope; if possible by April 9, 1982.

If you would like to have a summary of the results of this study, please place an "X" in the square located in the lower left hand corner of your mailing envelope.

Thank you in advance for your cooperation.

Sincerely,

Midge Blandamer, RN, BSN
3-11 Relief Coordinator

MB/frc
Encls.

300 SECOND AVENUE, S.W. • MIAMI, OK 74354 • 918/542-6611

APPENDIX F

FOLLOW-UP CARD

On March 24, I mailed a package of research materials to your hospital designed to measure training needs of charge nurses.

I appreciate your willingness to participate and would like to encourage you to return these materials at your earliest convenience.

Thank you again,

Midge Blandamer, RN

Miami Baptist Hospital
P. O. Box 1207
Miami, Oklahoma 74354

APPENDIX G

SAMPLE OF COMPUTER-PROGRAM

```
READY.


 10 DIMVA(2,3),EX(2,3),PO(3),AN(3)
 15 I=1
 20 FORR=1TO2
 25 FORC=1TO3
 30 PRINT"ENTER DATA FOR ITEM #";I
 40 INPUTVA(R,C)
 45 I=I+1
 50 NEXTC
 60 NEXTR
 70 FORI=1TO2
 80 PO(I)=VA(I,1)+VA(I,2)+VA(I,3)
 90 AN(I)=VA(1,I)+VA(2,I)
100 NEXTI
105 PO(3)=PO(1)+PO(2)
107 AN(3)=VA(1,3)+VA(2,3)
110 FORI=1TO2
120 FORJ=1TO3
130 EX(I,J)=(AN(J)/PO(3))*PO(I)
140 NEXTJ
150 NEXTI
160 CH=0
170 FORI=1TO2
180 FORJ=1TO3
190 CH=CH+(((VA(I,J)-EX(I,J))↑2)/EX(I,J))
200 NEXTJ
210 NEXTI
220 PRINTCH
230 END
```

VITA 2

Mildred Allison Blandamer

Candidate for the Degree of

Master of Science

Thesis: MANAGEMENT TRAINING NEEDS OF CHARGE NURSES IN 90-150 BED HOSPITALS IN OKLAHOMA

Major Field: Occupational and Adult Education

Biographical:

Personal Data: Born in Rochester, New York, February 18, 1955, the daughter of Mr. Roy Gerald Allison and Mrs. Nancy Ruth Cain Allison.

Education: Graduated from East Central High School, Tulsa, Oklahoma in May 1973; received an Associate of Arts degree from San Antonio College, San Antonio, Texas in May, 1976; received a Bachelor of Science in Nursing degree from the University of Texas Health Science Center in San Antonio, San Antonio, Texas in May, 1978; completed requirements for the Master of Science degree in Occupational and Adult Education, at Oklahoma State University in December, 1982.

Professional Experience: Staff and Charge Nurse (MICU) Community Hospital, San Antonio, Texas, May, 1978-September, 1978; Renal Dialysis Nurse, Bexar County Hospital, October, 1978-February, 1979; Staff and Charge Nurse, Nursefinders, San Antonio, Texas; Medical Personnel Pool, San Antonio, Texas, and Mercy Hospital, Jourdanton, Texas, January, 1979-November, 1979; Community Health Nurse, Oklahoma Home Health, Cushing, Oklahoma, November, 1979-April, 1980; Staff Development Director, Stillwater Medical Center, Stillwater, Oklahoma, April, 1980-January, 1982; Intravenous Therapy Course Instructor, Indian Meridian Vocational-Technical School, Stillwater, Oklahoma, 1980-1981; Nurse Coordinator, part-time, Miami Baptist Hospital, Miami, Oklahoma, February, 1982-present.