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# Inservice education programs: satisfactions and dissatisfactions

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INSERVICE EDUCATION PROGRAMS:  
SATISFACTIONS AND DISSATISFACTIONS

BY

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## CHAPTER I

### INTRODUCTION

Success in reaching the ultimate aim of nursing, the continued improvement of patient care, depends to a great extent on broadening the knowledge, skills and attitudes of the nursing staff. The nursing profession has recognized that the use of effective programs of inservice education is one of the best ways to help nurses give the best possible service. As Miller has said,

...inservice education becomes the process of helping to make the nursing service employee's ability to carry out work functions commensurate with her service obligations to patients.<sup>1</sup>

However, programs are not always as effective as anticipated; desired changes in behavior, attitudes, etc. are not always observed; the aims of the programs are not always reached. Often the nurse seems unimpressed, dissatisfied, even disgruntled with what an inservice program gives her. Since "continued learning depends on the achievement of satisfaction,"<sup>2</sup> one wonders whether the aims of inservice programs would be attainable if the dissatisfactions related to it could be eliminated and situations of satisfaction substituted.

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<sup>1</sup>Mary Annice Miller, Inservice Education for Hospital Nursing Personnel (New York: National League for Nursing, 1958), p. 1.

<sup>2</sup>J. R. Kidd, How Adults Learn (New York: Association Press, 1959), p. 109.

Elimination of the factors that cause dissatisfaction depends on identifying them. Who can better indicate the sources of satisfactions and dissatisfactions than the staff nurse herself? For as Kidd says, "The behavior of the learner can be understood only from his own point of view."<sup>3</sup>

#### The Statement of the Problem

The purpose of this study is to discover whether the staff nurse is more likely to be satisfied with an inservice education program when she is an active participant in the planning or implementation of the program than when she has no active role in the planning and implementation. Metcalfe said, "...the success of the program will depend largely upon the interest and participation of the staff."<sup>4</sup>

#### Justification of the Problem

There is empiric evidence that the staff nurse does not accept inservice education enthusiastically. Moreover, the available literature points out that the inservice education program, itself, can be the source of staff nurses' dissatisfactions within the persons participating in them. It is imperative to know the main reasons for nurses' negative

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<sup>3</sup>Ibid., p. 50.

<sup>4</sup>Edna Metcalfe, "A study of the Opinions of Public Health Supervisors and Staff Nurses Regarding Inservice Education," (unpublished master's thesis, Boston University School of Nursing, 1960), p. 43.

responses to inservice education in order to determine whether or not more effective programs can be produced and thereby bring about the improvement of nursing care.

### Scope and Delimitation

This study was carried out in a New England metropolitan hospital of 300 beds. The hospital was located in a heavily populated area and provided service to several communities.

Since an active program of inservice education was in use at the hospital at the time of the study, it seemed likely that a sample of nurses chosen at random from the hospital's staff would have already been exposed to inservice education and therefore the respondents would have formed definite opinions about it. The sample studied consisted of twenty-six staff nurses.

The inservice program in operation at the hospital was planned by an " Inservice Education Committee " consisting of two supervisors, one head nurse and one staff nurse. The programs were planned in October for the forthcoming year and consisted of eight meetings held approximately one month apart. The meetings were held from 1:30 - 2:30 on the day scheduled. At the time that the program was planned only the days for the first three meetings were set. After that the days were determined according to the situation in the hospital each month. The programs were planned to interest all the professional nurses employed by the hospital. The program in use

at the hospital during 1961 - 1962 was:

Topic

1. Intra-abdominal Dialysis
2. Incidence of Hospital Infection and How to Combat
3. Relationship Between Administration and Nursing Personnel
4. Diabetes in Obstetrics
5. Cerebral Palsy
6. New Drugs
7. Panel Discussion of Department Heads-Interdepartmental Relationships
8. Radio-Isotopes, Part II

Preview of Methodology

The data were obtained through the use of a questionnaire composed of " open end " questions and questions requiring " yes " and " no " responses. The questionnaire, administered to a group of staff nurses, was designed to elicit the opinions of staff nurses regarding inservice education and focused on the satisfactions and dissatisfactions that staff nurses experience in inservice education programs.<sup>5</sup>

Sequence of Presentation

The manner of presentation of this study is as follows:  
Chapter II reviews the literature relevant to the theoretical framework of the study as it relates to the development

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<sup>5</sup>APPENDIX B.

of inservice education for nurses and its influence on the maintenance of an efficient, satisfied staff.

Chapter III discusses the selection and description of the sample, the tool used in the collection of the data, and the method of procurement of the data.

Chapter IV is the presentation and discussion of the data.

Chapter V contains the summary, conclusions and recommendations based upon the findings of the study.

## CHAPTER II

### THEORETICAL FRAMEWORK OF THE STUDY

#### A Review of Literature

Inservice education can be considered effective when the desired changes in behavior and attitudes of the personnel involved can be observed in the day to day work situation.

Gilchrist is of the belief that

Inservice education to be of real value must cause people to change and grow. It isn't any good unless it improves ... values, insights, skills, attitudes.<sup>6</sup>

Other authors concur with Gilchrist that changes in behavior imply that learning has taken place. Cantor said, " Learning is change. "<sup>7</sup> and Kidd puts it thus,

Learning means change. It is not simply a matter of accretion - of adding something. There is always reorganization or restructuring. There may be un-learning.<sup>8</sup>

Many changes in an individual take place in the natural process of growth. The human organism must live in some sort of harmony with his environment. When something happens to change

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<sup>6</sup>Robert S. Gilchrist, " Highway to Quality Teaching, " National Education Association Journal, XLVIII (May, 1959), p.19.

<sup>7</sup>Nathaniel Cantor, " A Way of Thinking About Learning, " The Leadership Digest, I (March, 1953), p. 51.

<sup>8</sup>Kidd, op. cit., p. 17.

the environment, the person must make adjustments within himself to again bring himself and his environment into equilibrium. To achieve this he must change or learn to do or to be something he could not do or was not before.<sup>9</sup>

The need to learn does not end at the age of twenty-one for the adult is as much a developing, changing organism as the child. The adult wants to improve himself and his environment; he wants recognition, security, new experiences, affection. In the words of Knowles,

Adults want to improve themselves because they feel that there is a gap between what they want to be and what they are. The desire for learning springs, therefore, from feelings of inadequacy of some sort.<sup>10</sup>

It can be said, then, that the adult has many needs; these needs bring about in him a feeling of discomfort or dissatisfaction which in turn motivates him to bring about some change or learning which will relieve the discomfort and fulfill his needs. It is the task of those who desire to bring about certain learnings or changes within another to recognize, understand and use to advantage the motivational forces in each individual. Lorge has listed motivational forces in terms of incentives for learning and some of those he has included are:

People want to gain comfort, pride of accomplishment,

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<sup>9</sup>Cantor, op. cit., p. 51.

<sup>10</sup>Malcolm S. Knowles, Informal Adult Education (New York: Association Press, 1959), p. 4.

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business and social advancement, increased enjoyment, self confidence, personal prestige, praise from others.<sup>11</sup>

It would seem, then, that when comfort and satisfaction within the organism are felt that the need which caused discomfort or dissatisfaction has been fulfilled. Webster's dictionary defines satisfaction as,

The complete fulfillment of a want; attainment of a desired end; contentment or pleasure (in able work accomplished and recognized) derived from a sense of sharing in creative activities.<sup>12</sup>

These concepts can be summed up by saying that the learning process starts with a need which causes a feeling of discomfort which in turn impels the individual who feels the discomfort to do something about relieving it. The efforts expended in trying to relieve the discomfort should eventually lead to comfort and satisfaction or more needs will result with subsequent discomfort. To help the adult to learn, then, is to help him to recognize his needs and to put forth efforts that will result in learning experiences which will bring him satisfaction.<sup>13</sup>

These principles are applicable to inservice education

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<sup>11</sup>Irving Lorge, "Effective Methods in Adult Education," Report of the Southern Regional Workshop for Agricultural Extension Specialists (Raleigh: North Carolina State College, June, 1947), p. 25.

<sup>12</sup>Philip Babcock Gove (ed.), Webster's Third International Dictionary of the English Language Unabridged (Springfield, Mass: G. C. Merriam Company, Publishers, 1961), p. 2017.

<sup>13</sup>Knowles, op. cit., p. 21-22.

in nursing for it, too, is a way of helping adults to learn. Inservice education for nurses is a planned process for helping the professional nurse to gain the necessary knowledge, skills and attitudes to carry out her work functions in such a way that she meets the standards of patient care established by the institution and in such a way that she derives the greatest degree of satisfaction possible in her job. It is a way of insuring that the nurse works continually toward her own goal, the goal of the nursing profession and the goal of the institution, the improvement of nursing care. It is a way of meeting the needs of the professional nurse whose needs are essentially the same as any adult, and it is a way of directing her efforts to gain satisfaction in fulfilling her needs. As Hiner has pointed out,

Any program must meet the needs of nurses with varying degrees of experience and preparation...to help the nurse acquire knowledge, improve attitudes, and understand methods which would enable her to give better nursing care...to stimulate the nurse's awareness of trends in nursing and medicine...to encourage the nurse's awareness of her responsibility for health teaching...to help the nurse gain a feeling of security and satisfaction in her work...to develop the concept of good nursing service.<sup>14</sup>

Wright tells us that the overall aim of any hospital organization can be said to be "to improve the quality of nursing care given to patients...by better preparing all personnel for their

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<sup>14</sup>Betty Hiner, "Inservice Education for Good Service," Nursing Outlook, V (April, 1957), p. 218-219.

respective jobs."<sup>15</sup> Brennan emphasized the importance of inservice education and its effect on the satisfaction of the employee when she wrote that

An inservice program for graduate nurses has significance to the status of the nursing profession as a whole. A graduate nurse who is happy in her work is a great force in the recruitment of student nurses... The ultimate goal [of inservice education] is the best possible care of the patient.<sup>16</sup>

Moreover as Loretta Heidgerken has said,

The quality of nursing care in any situation... depends on the extent to which knowledge and skill are used by all the nursing personnel in meeting the needs of patients. Knowledge and skill are in turn dependent on the attitude [toward learning new things] ... Thus continued growth and development of the professional nursing staff is the key to continued improvement in patient care.<sup>17</sup>

It can be seen that inservice education is one of the ways to reach the goal of improved patient care and at the same time to increase job satisfaction available to the worker.

The achievement of job satisfaction has been recognized as one of the basic needs of any employee. Frasher says,

Workers need to get satisfaction out of the tasks they perform. When a nurse meets a problem with which she is relatively unfamiliar and for which she has not developed adequate skills, her performance

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<sup>15</sup>Marion G. Wright, Improvement of Patient Care (New York: G. P. Putman's Sons, 1954), p. 232.

<sup>16</sup>Florence Brennan, "An Orientation Program for Staff Nurses," The American Journal of Nursing, XLIX (February, 1949), p. 99.

<sup>17</sup>Loretta Heidgerken, "Inservice Education and Research," Nursing Outlook, VII (August, 1959), p. 475.

will make her unhappy.<sup>18</sup>

Inservice education is a practical method for helping her to acquire these skills. When she has acquired them she is able to feel the pleasure of a job well done. A basic factor that contributes to worker satisfaction is for her to do the work she wants to do and for which she has been prepared to the very best of her ability as only she can do it.<sup>19</sup> Bullock said that the degree of job satisfaction is dependent on evaluation of the job and to what degree the job contributes to the attainment of one's own personal objectives.<sup>20</sup> This principle can be applied to the achievement of satisfaction from an inservice program. According to this principle, the degree of satisfaction gained from inservice education would be dependent upon the degree to which the job contributes to the individual's own personal goals as determined by his needs.

According to Fleck, since inservice education is a kind of adult teaching-learning situation, it should be based on

sound psychological principles of learning; all members of the staff should participate in planning, execution, and evaluation; improvement of the service rendered should be the ultimate goal. It should be purposeful and unified, based on careful consideration of service needs as well as the needs and

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<sup>18</sup>Charles B. Frasher, "What Makes a Nursing Job Attractive?" Nursing Outlook, I (September, 1953), p. 511.

<sup>19</sup>Ibid., p. 510-511.

<sup>20</sup>Robert P. Bullock, "Position, Function and Job Satisfaction of Nurses in the Social System of a Modern Hospital," Nursing Research, II (June, 1953), p. 4-14.

interests of individuals.<sup>21</sup>

This is further substantiated by Heidgerken who wrote,

Effective education programs are those which are planned and carried out by the teachers [nurses] themselves. They must feel that the program is their own, planned according to their needs, rather than something imposed on them by the administrative staff or any other group.<sup>22</sup>

It would seem, then, that any activity planned for and with the adult must have these elements in it to be successful.

It must be based on needs recognized by the individuals concerned; its objectives must be set or at least partially set by the individuals involved. It must allow the individuals involved to take part actively in the planning; implementation and evaluation of it; it must bring a feeling of satisfaction in all those involved. "People can be active in doing what others have decided they should do. But to participate they must play some part in the planning process itself."<sup>23</sup>

Provision for allowing all to participate reaps many rewards. Decisions and actions are enriched by the knowledge, imagination, and insight of many people. The needs of more people are more likely to be met. Because she has had a part

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<sup>21</sup>Mary Katherine Fleck, "A Study of the Opinions of Staff and Senior Student Nurses in Selected Hospitals in the City of Cleveland, Regarding Inservice Staff Education Programs," (unpublished Master's thesis, Western Reserve University, Frances Payne Bolton School of Nursing, 1951), p. 9.

<sup>22</sup>Loretta Heidgerken, "Meeting the Teacher Shortage," Nursing Outlook, IV (September, 1956), p. 516.

<sup>23</sup>Participation and Democracy, "The Leadership Digest, I (May, 1952), p. 44, based on material by Kenneth Benne, et. al.

in making the decisions, the individual is more likely to be concerned and interested in the success of the activity. "When people do not or can not participate in planning and deciding about matters of deep importance to them, apathy and indifference result."<sup>24</sup> It is possible, then, for the staff nurse to become indifferent and apathetic toward inservice education through her unwillingness or her inability to participate in planning and implementing the program. The importance of this concept was brought out by Donovan who said

Closely allied to the importance of uncovering felt needs is that of having the group satisfied. A staff gives only passive acceptance, if it is denied a voice in the conduct of its affairs...People want to have a hand in their work and their destiny; they function best if they are kept informed and are part of the in-group.<sup>25</sup>

Hall recognized that there might be several causes for the deadliness and thus the ineffectiveness of many inservice education programs.

Their deadliness may initiate from a number of causes--the ineptness of the teacher; the fact that the staff feel that it is imposed on them from above and that they did not participate in the planning of the instruction; disregard that they are professional nurses; and negative experiences with previous inservice education.<sup>26</sup>

In summary, then, it can be said that though it is the

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<sup>24</sup>Ibid., p. 44.

<sup>25</sup>Helen Donovan, "Inservice programs and their Evaluation," Nursing Outlook, IV (November, 1956), p. 635.

<sup>26</sup>Bernard H. Hall, "Creating a Climate for Learning," Nursing Outlook, VIII (July, 1959), p. 422.

individual who has to decide to change and learn in order to work toward self-development, it is, however, the responsibility of the educating agency to make it possible for the individual to change and learn. The following hypothesis was formulated in the light of the preceding concepts: The active participation of the staff nurse in the planning and carrying out of the inservice program leads to her satisfaction with the program.

## CHAPTER III

### METHODOLOGY

#### Selection and Description of the Sample

After the instrument for collecting the data was devised the hospital nursing service in which to collect the data was selected. The hospital nursing service selected was in a 300 bed metropolitan, general hospital and had an inservice education program for its nurses. It was felt that the existence of an on-going inservice education program would assure that all respondents would have been exposed to a planned program. Twenty-six staff nurses, on duty between 8 A.M. and 3 P.M. on the day the data were collected, participated in the study. The sample included part time staff nurses as well as full time. The staff nurses who participated in the study represented each of several departments in the hospital: medical-surgical, obstetrics, pediatrics, out-patient, ward and semi-private accommodations. It was known before the data were collected that some of the nurses had actively participated in planning and carrying out programs of inservice education and some had not.

#### Tools to Collect the Data

The data for this study were collected by means of a questionnaire which consisted of eighteen items and included

both open end questions and questions requiring " yes " and " no " answers. Eight of the items required the respondent to give the reasons why she felt that some particular part of inservice education was satisfying or dissatisfying to her. Seven of the items elicited certain facts regarding the respondent's exposure to inservice education. Nine of the items elicited the opinions of the respondent regarding inservice education and focused on active participation versus non-participation. The purpose was to determine under what circumstances the staff nurse is satisfied or dissatisfied with inservice education.

A pre-test was done to determine the length of time to administer the questionnaire and the clarity of the items. The instrument was given to two staff nurses who completed the questionnaire in thirty-five minutes. However, both staff nurses agreed that more time than this should be allowed to provide for thought to answer the open end questions in which they had to answer the question " why ". It was for this reason that the questionnaire was left in the possession of the staff nurses for a forty-eight hour period. No problems in the content of the questionnaire were evident during the pre-test.

#### Procurement of the Data

The investigator first obtained permission from the Director of Nurses to collect the data at the hospital. After permission was granted, the investigator made arrangements with

the Assistant Director of Nurses for the distribution of the questionnaire. It was arranged that the investigator would attend a supervisors' meeting on a designated day and at this time would explain that a study was being done to determine what the staff nurses opinions are regarding inservice education and that the help of the supervisors was sought to ask staff nurses to participate in the study and to distribute the questionnaires to the staff nurses.

On the day of the supervisors' meeting the investigator was introduced to the supervisory group by the Assistant Director. The investigator explained that she was a student at Boston University working on her thesis which was concerned with the opinions of staff nurses about inservice education. The investigator enlisted the supervisors' assistance in obtaining staff nurses to volunteer to participate in the study. The supervisors were requested to distribute to the volunteer staff nurses on duty between 8 A.M. and 3 P.M. the questionnaires, an accompanying explanatory letter, and return envelope. The explanatory letter informed the staff nurses of the purpose of the study and requested that within forty-eight hours the questionnaires be sealed in the envelopes and returned to a designated collection point in the hospital. All respondents participating in the study were assured that they would not be identified in the study.

The supervisory group agreed to help with the data col-

lection. At the end of the forty-eight hour period the investigator collected the questionnaires which had been returned to the designated collection point. Twenty-six nurses had volunteered to participate in the study. Twenty-four questionnaires were returned.

## CHAPTER IV

### FINDINGS

#### Presentation and Discussion of Data

The data were obtained by questionnaire from twenty-four staff nurses in a metropolitan, general hospital. The investigator anticipated that the responses to the questionnaire would provide information concerning the staff nurse's exposure to inservice education and her satisfactions and dissatisfactions with it. The data will be presented in the order of the questions as they appeared in the questionnaire.<sup>27</sup>

The staff nurses were asked whether or not they had ever attended inservice education meetings. Six of the twenty-four nurses had never attended any inservice education meetings. The nurses who had never attended were asked to list their reasons for not having done so. All six nurses mentioned a time factor. Two nurses said that they could not leave their units because the units were inadequately staffed on the day of the meeting; a third nurse may have been implying the same when she said, "...never know about the meetings in time to plan to attend them." Or she may have meant that the meetings were not adequately advertised. One nurse commented that she did not attend because she was never informed of the meetings.

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<sup>27</sup>Appendix B.

Still another nurse said that the reason that she did not attend was that the meetings were always held on her day off. One nurse said that she had been on the evening shift or night shift when the meetings were held.

In response to whether or not they had found the meetings generally satisfying or dissatisfying two of the eighteen staff nurses answered that they had found the meetings dissatisfying. Their reasons were that though the subjects were sometimes interesting, the speakers were poor and the programs seemed geared to the nursing student. Two other nurses found the meetings fairly satisfying and qualified their answers by saying that though some of the meetings were interesting and informative, others were poorly handled by the speaker. One of the last two nurses found satisfaction in a program that gave her more information about a patient's disease and his medical plan of care. The remaining fourteen nurses found the meetings in general satisfying. The reasons of eleven of these staff nurses for feeling satisfaction can be summarized thus:

1. Interesting and informative (3 mentions)
2. Increase knowledge and further nurses' education (3 mentions)
3. Help nurses to keep up to date (3 mentions)
4. Good review (1 mention)
5. Are usually presented in an intelligent and meaningful manner (1 mention)

Three of the fourteen nurses did not qualify why they felt

satisfaction with inservice education in general.

The staff nurses were then asked whether or not they had ever participated in planning an inservice program and if they had done so, whether or not they had found this a satisfying experience. Only one of the nurses had participated in planning an inservice program and she found this a satisfying experience for her. However, she did not specify why she felt satisfied. The nurses who had not participated in planning an inservice program were asked whether or not they would like to help plan one. Four of the twenty-three nurses responded in the negative and nineteen in the positive.

The staff nurses were asked whether or not they had ever helped in carrying out an inservice program by taking an active part in it and if they had done so, whether or not it was satisfying or dissatisfying to them and why. Two nurses said that they had helped to carry out an inservice program by taking an active part in it and stated that they had found the experience satisfying because it was a good learning as well as a good teaching experience. The twenty-two nurses who had not taken an active part in carrying out an inservice program were asked if they would be willing to do so at some future time. Five of the twenty-two nurses said that they would not be willing to take an active part in carrying out an inservice program, while seventeen said that they would be willing to do so.

To the question of whether or not they were usually satis-

fied with the subject matter of inservice education programs, and why, four of the eighteen nurses who had attended inservice program meetings did not respond. Of the fourteen respondents, two said that they were dissatisfied because there was a repetition of old subject matter when what they wanted to know about was new drugs, new machines, new operations being done, etc.; twelve said that they were satisfied. In summary the reasons given for the satisfaction of the twelve nurses were:

1. Liked the programs because they were interesting and gave information about current events in nursing and the medical field (5 mentions)
2. Felt that though the programs helped to keep nurses aware of changes in nursing, some of the meetings were poor in subject matter (2 mentions)
3. Liked the wide variety of topics that provided something for all (2 mentions)
4. Found the programs good reviews (1 mention)
5. Liked the programs because they were about a field of nursing other than hospital nursing (1 mention)
6. Liked the programs because they were able to voice opinions and to learn new things (1 mention)

When the staff nurses were questioned as to whether or not they had ever been asked to make suggestions for topics for inservice education meetings and if so whether or not these suggestions were acted upon, only three nurses answered in the affirmative to both questions. In response to the question as to whether they would be willing to make more suggestions for subject matter, the three nurses said that they would be willing to do so. The twenty-one nurses who had never been called on

to make suggestions for subject matter were asked whether or not they would be willing to do so in the future. Nineteen nurses said that they would be willing to submit suggestions for topics if they were asked to do so in the future.

The next question sought an answer as to whether or not the eighteen nurses who had attended inservice meetings usually were satisfied or dissatisfied with the method of presentation of the program and why. Four of the nurses said that they were usually satisfied. Two did not answer the question. The reasons given by the four nurses who usually were dissatisfied with the method of presentation were:

1. Speakers are sometimes poorly chosen (1 mention)
2. Atmosphere is not relaxing or conducive to questions and answers (1 mention)
3. Lectures are usually presented which do not allow the expression of other opinions (1 mention)
4. Speakers are nervous and do not hold interest (1 mention)

Two of the twelve nurses who usually were satisfied with the method of presentation did not qualify their answers as to why they found the method of presentation satisfying to them, but ten nurses gave the following reasons for feeling satisfaction:

1. Meetings are informative, a way of gaining information (3 mentions)
2. Method of presentation is usually lecture and lectures are preferred (2 mentions)
3. Meetings usually begin and end on time; are held at a convenient time of day (1 mention)

4. Programs are complete; cover all material  
(1 mention)
5. Programs are interesting, hold attention and use  
a variety of types of presentation (1 mention)
6. Lectures are given by experts in their fields  
(1 mention)
7. Speakers speak loud enough for all to hear;  
demonstrations can be seen (1 mention)

The next question asked the nurses to rank from 1 to 9, the methods of presentation, number 1 representing the method giving the most satisfaction and number 9 representing the method of giving the least satisfaction. Table 1 indicates how twenty-three nurses ranked the methods of presentation in terms of satisfaction felt with each method. One nurse did not respond to this question and another responded only by choosing the one most satisfying method to her, group discussions.

**TABLE 1**  
**RANKING OF METHODS OF PRESENTATION**  
**BY 23 STAFF NURSES ACCORDING TO SATISFACTION**

Method of Presentation	Rank Order of Satisfaction										Total Numerical Value for Rank 1-4	Total Numerical Value for Rank 5-9
	1	2	3	4	5	6	7	8	9			
Dramatic Skit	1	0	1	3	5	0	7	3	3	4	17	17
Group Discussion	6	4	5	1	16	3	0	1	2	1	7	7
Movies	5	2	2	2	11	3	3	1	2	2	11	11
Role Playing	0	0	1	1	2	2	1	8	5	3	19	19
Reports	0	1	1	2	4	2	1	3	6	6	18	18
Panel Discussion	3	8	2	4	17	4	0	0	0	1	5	5
Symposium	0	1	5	2	8	3	3	3	0	5	14	14
Demonstration	2	4	3	2	11	5	4	0	2	0	11	11
Lecture	6	4	1	4	15	1	2	2	2	0	7	7

The table shows that the rank order was split into two sections, 1-4 and 5-9. Each method of presentation was given a total numerical value for both sections obtained by adding together the number of times that each method was chosen within each section. The highest totals in section 1-4 indicated the greatest satisfaction with a method of presentation.

and the highest totals in section 5-9 indicated the least satisfaction with a method of presentation. Panel discussions, group discussions and lectures were thus revealed as the methods of presentation giving the highest satisfaction, while role playing, reports, dramatic skits and symposiums gave the least. Movies and demonstrations were equal in the amount of satisfaction which they gave staff nurses.

The nurses were asked to list the reasons why they chose the methods of presentation that they had ranked as first and second as giving the most satisfaction. Two nurses did not respond. The reasons of the twenty-one responding nurses could be grouped into four categories: (1) a preference for active participation, (2) a preference for passive participation, (3) a preference for consideration of both active and passive participation, and (4) answers not relevant to either active or passive participation. Of the total responses, seven fell into the category of preference for active participation; seven fell into the category of preference for passive participation; four indicated that both kinds of participation were important; and three answers fell into the category of not relevant to either active or passive participation.

The nurses were, then, asked if they would be satisfied or dissatisfied if the institution in which they worked provided no inservice program, and why. One nurse said that she would be satisfied because " Inservice education is beneficial

to nurses only right after training. " Nineteen nurses said that they would be dissatisfied and four nurses did not answer. Eleven nurses said that they would be dissatisfied because inservice education helps to keep them up to date in changes and developments, that without inservice their knowledge and skills would not be kept up to date. One nurse stated that she would be dissatisfied because inservice informs her of subjects other than nursing; another said that she would be dissatisfied because she thinks that all hospitals should have an inservice program. Still another said that she would be dissatisfied because she felt that without it patient care in the hospital would be static and would not improve. Three nurses said that they would be dissatisfied because they would miss the learning opportunities. Two nurses said that they would be dissatisfied but gave no reason.

In the final question the staff nurses were requested to list the ways in which inservice education could be made more satisfying to staff nurses in general. Only nine of the staff nurses responded to this question but they made twenty-one suggestions for the improvement of inservice education. The data were grouped into the following three major categories for ease in handling: (1) suggestions for active participation, (2) suggestions for motivation of staff nurses to attend inservice, (3) suggestions for changes in subject matter and methods. Of the twenty-one suggestions made, ten suggestions fell into

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category 1. Four nurses suggested that the staff nurse group be allowed to choose topics for inservice education. Five nurses said that staff nurses ought to be allowed to participate in discussion and to take active parts in implementing inservice programs. One nurse stated, " Staff nurses should help with the planning of their inservice programs. "

Seven of the twenty-one suggestions fell into category 2. Two nurses mentioned that " better scheduling and advertising " would help to get staff nurses to attend meetings. One nurse suggested that " staffing be arranged so that nurses could attend meetings without worrying about the ward situation. " Another nurse said that " each nurse should be given an opportunity to attend a meeting at least once a month, " while three nurses mentioned that all nurses should be given an equal chance to attend meetings.

Four of the twenty-one suggestions for improvement fell into category 3. The following list includes the suggestions made by the four nurses.

1. " Have more group discussion and panel discussion "
  2. " Have programs about subjects other than nursing "
  3. " Have nurses prepare for discussion before meeting "
  4. " Use examples to illustrate material "
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CHAPTER V  
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was conducted by a questionnaire given to staff nurses in a metropolitan, general hospital. Twenty-four staff nurses, full time and part time, participated in the study. Because of the influence that inservice education can exert on the effective performance of staff nurses, it was felt that a study should be made of the satisfaction and dissatisfaction felt by staff nurses toward inservice education in order to determine what factors within the process of inservice education might serve to influence the development of these feelings. It was predicted that the active participation of the staff nurse in the planning and the carrying out of the inservice program leads to her satisfaction with the program. In order to substantiate or reject the hypothesis it was felt necessary to ask the staff nurse whether she felt satisfied or dissatisfied with certain elements of inservice programs, focusing on active participation versus passive participation and to ask the staff nurse to state reasons for feeling satisfaction or dissatisfaction.

The data revealed that, in general, the group of staff nurses studied found inservice education satisfying and that

the majority would feel dissatisfaction if they worked in a hospital which had no program of inservice education. The majority of the nurses in the study were satisfied with the method of presentation and subject matter. In every instance when a nurse was given an opportunity to participate in planning, in implementing a program and in making suggestions for a program, she felt satisfaction. The data revealed, too, that when asked to make suggestions for the improvement of inservice education, ten out of twenty-one suggestions involved active participation as a method of increasing staff nurse satisfaction in inservice education while seven out of twenty-one suggestions involved motivation of the staff nurses to attend inservice meetings and four out of twenty-one involved changes in subject matter and methods as alternative ways to increase staff nurse satisfaction in inservice education.

Because so few of the respondents in the study had actually had the experience of actively participating in planning and implementing an inservice program, it could not be concluded on the basis of the data collected that the active participation of the staff nurse in planning and carrying out a program of inservice education leads to her satisfaction with the program. However, it was felt that there was enough evidence supporting the hypothesis to retain it as a valid theory and to recommend further study with a different tool and a deliberately selected sample to increase understanding of the

hindrances to satisfying inservice education.

### Conclusions

1. Due to the small size of the sample, generalizations from this study to any other inservice program and group of nurses can not be justifiably made.
  2. Generally, it may be said that the majority of the staff nurses who participated in the study were satisfied with inservice education.
  3. Because so few of the respondents in the study had actually had the experience of actively participating in planning and implementing an inservice program, it can not be concluded on the basis of the data collected that the active participation of the staff nurse in planning and carrying out a program of inservice education leads to her satisfaction with the program.
  4. It appears that the feelings of staff nurses toward inservice education vary; what brings satisfaction to one may bring dissatisfaction to another. The majority of the staff nurses participating in the study were satisfied with the subject matter of inservice education because the topics met their needs for new knowledge, for variety, for review, and for self expression. Dissatisfactions centered around the fact that inservice programs offered review instead of new knowledge. An explanation for this apparent contradiction may be that each person perceives her own needs and that these
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needs differ from person to person. An individual dissatisfied with review of subject matter may not perceive it as a personal need, while for another person review will bring satisfaction because the review fulfills a felt need.

5. It may be said that in every instance wherein a staff nurse had participated actively in planning and carrying out a program of inservice education, she experienced satisfaction.
  6. A majority of the staff nurses expressed willingness to suggest topics, to help plan and implement programs of inservice education even though they had never done so before.
  7. Staff nurses appear to be divided in their opinions regarding the methods of presentation used in inservice education. Though methods which allow active participation were preferred by some nurses, methods of presentation which allow passive participation were preferred by others. Some of the nurses indicated that both kinds of methods were important.
  8. It can be said that the majority of the nurses thought that inservice education was important to their own growth and to the welfare of the patient through the growth of the staff nurse.
  9. A majority of the staff nurses would feel dissatisfaction if the hospital in which they worked had no inservice program.
  10. Many staff nurses can make constructive suggestions for the improvement of inservice education programs.
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Recommendations

1. That a similar study be conducted with a larger sample of staff nurses drawn from several hospitals and selected so that sufficient nurses in the sample actually have participated actively in planning and carrying out an inservice education program.
2. That a similar study be conducted with a tool that would elicit data more definitive in determining the satisfactions and dissatisfactions with inservice education of staff nurses.
3. That hospitals make every effort to determine what are the dissatisfactions with inservice education in order to take steps to eliminate them.
4. That hospitals determine the needs of the staff nurses, use all the principles of adult education, and set mutual goals with the staff nurses to insure that all work toward a common goal.
5. That hospitals realize staff nurses can and want to help to improve inservice education.

**APPENDIX A**

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### Explanatory Letter

Your answers to this questionnaire will serve as data for a field study being conducted in partial fulfillment for a Master's Degree at Boston University School of Nursing.

It is important that your own viewpoints are expressed rather than those of a group. Therefore, please do not confer with anyone else in answering the questions.

Please return your questionnaire sealed in the accompanying envelope to \_\_\_\_\_ by 2 p.m. on Wednesday, \_\_\_\_\_.

#### PLEASE NOTE:

All information received in this questionnaire will remain anonymous.

Please do NOT sign your name.

Your contribution to this study is very much appreciated.

Thank you.

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**APPENDIX B**

QUESTIONNAIRE

1. Have you ever attended inservice education meetings?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If you have not attended any inservice education meetings, would you list your reasons for not having done so?

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3. If you have attended any, have you found the meetings in general satisfying\_\_\_ or dissatisfying\_\_\_?

Why?

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4. Have you ever participated in planning an inservice education program?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. If you have participated in planning an inservice education program, did you find this experience satisfying\_\_\_ or dissatisfying\_\_\_?

Why?

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6. If you have not participated in planning an inservice education program, would you like to help plan one?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Have you ever helped in the carrying out of an inservice education program by taking an active part in it?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. If you have done so, was this experience satisfying \_\_\_\_\_ or dissatisfying \_\_\_\_\_ to you?

Why?

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9. If you have not done so, would you be willing to participate actively in such a way at some future time?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are you usually satisfied \_\_\_\_\_ or dissatisfied \_\_\_\_\_ with the subject matter of the inservice education program?

Why?

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11.(a)Have you ever been asked to make suggestions for topics for inservice education meetings?

Yes \_\_\_\_\_ No \_\_\_\_\_

11.(b) If yes and you made some suggestions, were these suggestions acted upon, that is were they used?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Would you be willing to make more suggestions for subject matter?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. If you have never been asked, would you be willing to make some suggestions in the future if you were asked?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Are you usually satisfied \_\_\_ or dissatisfied \_\_\_ with the method of presentation of the inservice education program?

Why?

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15. Which of the following methods of presentation are the most satisfying to you? Please number each item in rank order from 1 to 9, number 1 being the most satisfying and number 9 being the least satisfying to you.

- .... Lectures
- .... Dramatic skits
- .... Group discussions
- .... Movies
- .... Role playing
- .... Reports
- .... Panel discussions
- .... Symposiums
- .... Demonstrations

16. Would you list the reasons why the items you have ranked 1 and 2 are the most satisfying to you?

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17. If an institution where you worked had no inservice education program, would you be satisfied\_\_\_ or dissatisfied\_\_\_?

Why?

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18. If you feel that inservice education could be made more satisfying for nurses, would you list the ways, that in your opinion, this could be accomplished?

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