1960

# A study of the similarities and dissimilarities in role expectation of the medical-surgical clinical instructor as seen by the director and the medical-surgical instructors in four three-year diploma schools of nursing.

# A STUDY OF THE SIMILARITIES AND THE DISSIMILARITIES IN THE ROLE EXPECTATION OF THE MEDICAL-SURGICAL CLINICAL INSTRUCTOR AS SEEN BY THE DIRECTOR AND THE MEDICAL-SURGICAL INSTRUCTORS IN FOUR THREE YEAR DIPLOMA SCHOOLS OF NURSING

By

Annmarie M. Frainier

(B.S., University of Buffalo, 1957)

A field study in partial fulfillment of the requirements for the Degree of Master of Science in the School of Nursing

Boston University

August, 1960

First Reader: Sara M. Berkley
Sara M. Berkley

Second Reader: Alma J. Randall
Alma J. Randall

This study was supported (in part) by a training grant, the Department of Health, Education and Welfare, Public Health Service, Division of Nursing Resources, Professional Nurse Traineeship Program in Administration, Supervision and Teaching, N.T.-53-03.

## ACKNOWLEDGMENTS

The author of this study wishes to express her sincere appreciation to the directors of the schools of nursing and to the instructors without whose assistance this study would not have been possible.

TABLE OF CONTENTS

## LIST OF TABLES

# CHAPTER I

## INTRODUCTION

During the past decade nurses and groups outside of nursing, interested in public welfare, have become concerned about the functions performed by nurses in their diverse positions. This concern has gained importance because of the existing shortage of nurses in all fields as well as the increased demand for them.

This shortage of nurses is apparent in the ranks of the nurse educator as well as in other areas of nursing and nursing leadership. Currah, in a study, states "that the fact that there exists a dearth of nurses in teaching makes it particularly important that those available utilize their time and skills in the most effective ways and that situations that tend to disrupt their efficiency or to discourage them need to be eliminated."[1]

Job satisfaction, motivation, and productivity are influenced, negatively, when a person is confused about her role or realizes conflicting expectations for it. "The forces that determine role expectation come from administrative channels, people in the working situation, outside reference groups, and self-expectations. When these expectations reinforce each other, the role definition is stable."[2] If these forces do not move in the

---

[1]Sylvia Lee Currah, "Problems Encountered by Instructors of Clinical Nursing," (unpublished Master's thesis, School of Nursing, Wayne State University, 1959), 109.

[2]Kenneth D. Benne and Warren Bennis, "The Role of the Professional Nurse," American Journal of Nursing, LIX (February, 1959), 196.

same direction confusion can result and if the expectations are contradictory, role confusion is the consequence. Confusion, conflict, or uncertainty of role effects the ability of people to interact with others and others to interact with them, thereby interfering with their effectiveness.

Some of the factors that determine role are difficult to measure or control, such as outside reference groups and perhaps all the people in the working situation. The investigator feels that there are two factors that influence role which can be measured. These are the administrative channel and self-expectations. One method of studying these factors, which influence the role of the Medical-Surgical Clinical Instructor, is to ascertain the director's and the instructor's concept of this role and then compare their views.

## Statement of the Problem

What are the similarities and the dissimilarities in the role expectation of the Medical-Surgical Clinical Instructor as seen by the director and the medical-surgical instructors in four three year diploma schools of nursing?

## Justification

Role confusion has been reported, by Currah, as a problem by instructors with varying lengths of experience from one to four years duration. "Roles are defined in terms of collective expectations and any considerable difference in the set of expectations one group or another

has with respect to a given role may make difficult the performance of the role."[3] Since it is important to utilize instructors to the fullest extent, in the light of the shortage in the ranks of nursing faculty, it seems urgent to determine if there exists variance in the expectations for the instructor's position. Variance in role expectation has been reported as a factor in role uncertainty by Benne and Bennis. Role uncertainty is known to interfere with the effectiveness of a person in a position.

The investigator experienced role confusion in a working situation. In that situation the policies and practices, effecting the instructors, were not clearly outlined at the time of employment. After the instructors had formed a concept of their position, more co-curricular activity participation was expected and tours of duty were changed without the consent of the instructors involved in the change. This caused a lack of acceptance of the changes which resulted in dissatisfaction in the position and confusion as to whose image of the instructor's role was correct, the instructor's or the director's. Satisfactory relationships were re-established when the instructors met with the director to discuss the conflict. When the disagreement was discussed, the director gave her rationale for modifying the instructor's position, this made the change more acceptable to the instructors. When the problem was accepted as a conflict it was solved to a degree. Benne and Bennis suggest that this is a pattern of adjustment to conflict "where growth occurs only when the

---

[3]Lyle Saunders, "The Changing Role of Nurses," American Journal of Nursing, LIV (September, 1954), 1094.

fact of confusion and conflict are accepted in some degree."[4] The situation cited could be called a three fold problem: (1) a change was planned, (2) the change was not communicated effectively, and (3) the instructors involved were unwilling to adjust to the change. These problems of change are similar to those in industry, where the three main problem areas, according to Roethlisberger and Dickson, are "problems of change in the social structure, problems of control and communications, and problems in the adjustment of the individual to the structure."[5]

The problems, in relation to role concept, are solvable to an extent therefore, it is practical to determine if this is a problem in a school of nursing. It is believed that different directors can have varied expectations for their instructors but that a director should have a view similar to her instructors if role confusion is to be minimized.

## Scope and Limitations

This was a study of the expressed view of the directors of schools of nursing and the instructors in medical-surgical nursing in four selected diploma schools of nursing in the greater Boston area. Two directors of the schools of nursing have held this position for six months, one director has held this position for seven years, and one has held this position for seven and one-half years. Ten instructors between

---

[4]Kenneth Benne and Warren Bennis, "What is Real Nursing?," American Journal of Nursing, LIV (March, 1954), 382-83.

[5]F. J. Roethlisberger and William J. Dickson, Management and the Worker (Cambridge, Mass.: Harvard University Press, 1949), 578.

the ages of twenty-two and thirty years were selected for the study. One held a Master of Science degree, seven held a Bachelor of Science degree and two did not hold an academic degree but have taken courses beyond the basic nursing program. Six of the instructors had five to nine months experience in teaching and four had from two to three years experience in teaching. All participated in clinical teaching.

This study was limited because of the size of the sample and the length of time that was available for the investigation. Since this study concerns only four schools of nursing in the Boston area, the findings cannot be generalized to be applicable to other schools in other geographical locations.

## Definition of Terms

Instructor refers to those "faculty members who are responsible for teaching medical-surgical nursing . . . when definite clinical experience is an integral part of the course."[6]

Role is the collective functions that come to be expected of a person in a given position which is typically occupied by others in the same employment.

Director of the school of nursing refers to one who has the single responsibility of the school of nursing or the dual responsibility of nursing service and the school of nursing. In the school of nursing she is the person who is primarily concerned with the organization and

---

[6]Committee on the Revision of Faculty Pamphlets, Faculty Positions in Schools of Nursing and How to Prepare for Them (New York: National League of Nursing Education, 1946), 18.

administration of the school.

Formal instruction is that "which is planned for a particular class group to prepare students to give nursing care."[7]

Ward teaching "is planned instruction in the hospital for smaller groups of students presently assigned for clinical learning experiences in the respective divisions or departments."[8]

## Preview of Methodology

Since the objective of this study was to arrive at a clear picture of each person's view of the instructor's position the Q-sort and interview method were selected to obtain the necessary data.

"The Q-sort technique is designed to solve the problem of correlation, or degree of similarity, between different individual's or different group's attitudes, expectations or opinions at a given time."[9] In using this technique, instructor's activities were typed on three-by-five cards. Then, the person being interviewed was asked to sort the cards according to the activities they felt were more important, moderately important, and less important in the Medical-Surgical Clinical Instructor's position on the faculty. The interviewer gave the person a forced choice of sorting the cards into nine piles according to a normal distribution

---

[7]Mary Grace Gabig and Barbara Lanigan, Dynamics of Clinical Instruction in Nursing (Washington, D.C.: Catholic University of America Press, 1956), 37.

[8]Ibid.

[9]J. Frank Whiting, "Q-Sort: A Technique for Evaluating Perceptions of Interpersonal Relationships," Nursing Research, IV (October, 1955), 71.

curve.

The cards comprised three classifications of activities. They were related (1) directly to teaching, (2) to the instructor's position as a faculty member, and (3) to functions usually thought of as non-Medical-Surgical Clinical Instructor's activities. There were twenty cards in each group, which totaled sixty cards.

After the Q-sort was done, three means were determined for each sorting of cards; one for each of the above categories. The items, relating to one classification, were added in each pile, multiplied by the pile number, one to nine, then divided by twenty, the number of items in a classification. This number denoted the mean that was comparable to another person's mean for the same Q-sort.

Two interview schedules were also constructed, one for the directors of the schools of nursing and one for the medical-surgical instructors. This was done to secure information in relation to job descriptions, orientation of faculty, instructor-student ratios and encouragement for instructors to discuss problems with their director.

## Sequence of Presentation

Chapter II is concerned with the review and discussion of literature and a statement of the hypothesis. In Chapter III the methodology used in this study is discussed. Chapter IV presents a discussion and analysis of the data. Chapter V gives a summary of the study, conclusions, and the recommendations made as a result of the findings.

# CHAPTER II

## THEORETICAL FRAMEWORK OF THE STUDY

### Review of Literature

The study of job satisfaction and worker morale in industry has received attention since the First World War because of the economic importance of labor turnover. Since the Second World War, this same attention has been directed toward nursing. Persons concerned with national health have anxiously looked at the shortage of nurses. The nursing literature contains an abundance of material related to nursing shortage and its implications, which tends to indicate that dissatisfaction is a contributory cause to the shortage. Research methods were used to determine the factors that encouraged worker satisfaction in industry. Tead in 1933 wrote "to have good morale in his organization it is necessary for a manager to be sure that the members of the organization know what its purposes are, find the purposes congenial to themselves, and therefore find those purposes as their own and seek to realize them as a natural fulfillment of their own personal sense of self realization and self satisfaction."[1] The three problems of major significance to management: control, communication, and adjustment as reported by Roethlisberger and Dickson have, also, been reported in the nursing literature.

---

[1]Ordway Tead, Human Nature and Management (New York: McGraw-Hill Book Company, Inc., 1933), 7.

Maryo and Lasky reported a higher than normal turnover, in one hospital, because of "the lack of an adequate communication channel between staff and management and the absence of a clear definition of nursing roles and personnel policies."[2] Sister Charles Marie Frank, in a recent article stated that "the key to maximum utilization of personnel lies . . . in the application of sound principles affecting and effecting human relationships."[3] She also quoted from John Ruskin, who said one hundred years ago "In order that people may be happy in their work these things are needed: they must be fit for it, they must not do too much of it and they must have a sense of success in it."[4]

Benne and Bennis reported that role expectations can influence work satisfaction. They wrote that role expectation is molded by four forces and that these forces may or may not reinforce each other. "When . . . expectations are contradictory the nurse finds herself in role conflict. Such conflict and confusion levy a heavy toll on motivation, job satisfaction and productivity."[5]

Currah, in a study of "Problems Encountered by Instructors of Clinical Nursing," found that a problem area was one of confusion in the definition of the role of the clinical instructor. She found a fairly consistent association between the frequency with which clinical instructor's reported

---

[2]Joann S. Maryo and Julian Lasky, "A Work Satisfaction Survey Among Nurses," American Journal of Nursing, LIX (April, 1959), 501-503.

[3]Sister Charles Marie Frank, "The Utilization of Nursing Personnel," Nursing Outlook, VIII (April, 1960), 202.

[4]Ibid.

[5]Benne and Bennis, American Journal of Nursing, LIX, 196.

problems, in relation to role definition, and the length of their experience in teaching. Instructors with experience from one to four years duration had the most problems with role confusion. "Role confusion results in the inability of persons to interact with the clinical instructor and to utilize her special abilities."[6] One of her recommendations for future research was "to determine the expectations held for the role of the clinical instructor by persons in nursing education, nursing service and allied fields."[7]

The relationship of job descriptions and job orientation to teacher effectiveness and satisfaction has been reported by several authors, among them are Heidgerken, Anderson, and Gutzman. They point out that a faculty member must know what is expected of her if she is to be contented and fit into the total school picture.

Leahy, in 1950, reported in a study of various types of nursing educational programs, that there was no one activity common to all instructors; later studies have revealed a different picture. In one study, by Lederach in 1957, many activities were found to be common to instructurs in diploma schools of nursing. Another study, in the same year by Gough, demonstrated many activities common to instructors in selected collegiate programs. Therefore, in a period of seven years, the role of the instructor has become more consistent. These studies reveal many activities that vary with different instructors. So, even though the functions of the instructor are defined they are as yet incompletely defined. Until their functions are completely defined, the instructor's

[6]Currah, loc. cit., 45-46.

[7]Ibid., 109.

role allows for wide variation from faculty to faculty. This variation aids in role confusion and is a factor in the dissatisfaction in this group as reported in the literature.

Among teachers of general education this problem is also apparent. In a study of factors aiding teacher satisfaction, Chase reported that "the extent of satisfaction with the system tends to increase with years of teaching experience and with the length of service in the system."[8] Since the length of experience in teaching is known to influence its satisfaction, it is to be expected that instructors, who are relatively new to teaching, would have the most difficulty with role definition and therefore, job satisfaction.

Many articles refer to the nursing shortage and suggest ways to make teachers more satisfied and therefore remain in teaching. One method of assisting the beginning instructor to define her role more quickly is by the use of job descriptions and comprehensive orientations. Heidgerken feels that an orientation program, for beginning teachers, should include work planning, instructional procedures, methods of dealing with student behavior problems, learning how to evaluate her teaching performance, and adjusting to the new community. The better orientation programs include briefing about the school, hospital, clinical services, and introduction to the personnel in the school and the hospital. This type of orientation program leaves much to be desired in order to have the person obtain a clear picture of her role; therefore, the problem of role definition arises.

---

[8] Francis S. Chase, "Factors for Satisfaction in Teaching," Phi Delta Kappan, XXXIII (November, 1951), 127.

## Statement of Hypothesis

The director and the medical-surgical clinical instructors in a three year diploma school of nursing have similar views on activities related directly to teaching; however, they differ in their conception of activities which are related extraneously to teaching.

# CHAPTER III

# METHODOLOGY

## Selection and Description of the Sample

The four schools of nursing were selected on the basis of accreditation by the National League for Nursing, availability to participate in the study, and their accessible location. Each director was contacted, by telephone, to determine if she was interested in participating in the study. At this time, the problem of the study was related to her. She was, also, given a description of the tools used to collect data, persons involved, and the approximate length of time needed for the participants. Following the initial contact with the director, an appointment was arranged for further explanation of the study and to obtain written permission to collect data in that agency.

The four schools of nursing were hospital controlled schools, fully accredited, as diploma programs, by the National League for Nursing. The schools were located within a seven mile radius of Boston, Massachusetts. The hospitals operating these schools of nursing were voluntary, general hospitals that were accredited by the Joint Commission on Accreditation of Hospitals.

Hospital A had a 342 bed capacity. In this hospital, the director of the school of nursing had the dual responsibility of nursing service and the school of nursing. She had been in this position six months. Two medical-surgical instructors in this school participated in the study.

Instructor One did not hold a Bachelor of Science degree, was twenty-three years of age, and had two years experience in teaching. Instructor Two held a Bachelor of Science degree and had some preparation toward a Master of Science degree. She was twenty-eight years old and had been teaching for six months.

Hospital B had a 147 bed capacity. The director of the school of nursing had a dual responsibility of nursing service and the school of nursing. She had been in this position for seven years. Two medical-surgical instructors in this school participated in the study. Instructor One held a Master of Science degree, was twenty-seven years old, and had been in teaching for eight months. Instructor Two did not hold a Bachelor of Science degree, was thirty years of age, and had been teaching for eight months.

Hospital C had a 218 bed capacity. The director of the school had the dual responsibility of nursing service and the school of nursing. She had been in this position seven and one-half years. Three medical-surgical instructors in this school participated in the study. They all held a Bachelor of Science degree. Instructor One was twenty-three years old and had been teaching for two years. Instructor Two was twenty-two years old and had been teaching for five months. Instructor Three was twenty-three years old and had been teaching for nine months.

Hospital D had a 400 bed capacity. The director of this school had only the responsibility of the school of nursing. She has held this position for six months. Three medical-surgical instructors in this school participated in this study. They all held a Bachelor of Science degree. Instructor One was twenty-five years old and was teaching for

three years. Instructor Two had some preparation toward a Master of Science degree, was twenty-five years old, and had been teaching for two and one-half years. Instructor Three was twenty-four years old and was teaching for eight months.

## Tools Used to Collect Data

A school of nursing is a complex structure involving the interaction of the hospital and the school. Because of its complexity, and the many interactions expected of an instructor, she is constantly forced to make decisions as to the most effective use of her time. The choice between activities is often resolved by determining their relative importance. The importance she places on certain activities gives an indication of her role concept.

One of the main aspects of this study was to determine the concept of the Medical-Surgical Clinical Instructor's role, held by the director of the school of nursing, by having her rank a list of the medical-surgical instructor's activities. The same list of instructor's activities was ranked by the instructor, showing her concept of her own role. A comparison was then made between the director's and instructor's view of the instructor's role.

Q-technique provides a method for studying the similarity in the concept of a role, by ascertaining the expectations of two groups of people. Q-sort is the method, associated with the Q-technique, for gathering the data.

The Q-sort procedure was handled in the following manner: a set of sixty cards was handed to the subject and she was asked to sort the cards

according to high, medium, and low importance in her view of the activities of the Medical-Surgical Clinical Instructor. Each card had one activity on it. The most important cards were placed in the left-hand piles and the least important cards were placed in the right. The middle piles contained the items of average importance. A definite pattern of card placement was outlined, following a normal distribution, with fewer cards placed in the end piles and most cards placed in the center piles. A distribution of the cards looked like this:

| Pile number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| Cards in each | 1 | 4 | 8 | 10 | 14 | 10 | 8 | 4 | 1 |

Many of the items, used in the Q-sort, were obtained from a study of clinical instructor's activities by Lederach.[1] Other items were obtained through an extensive survey of literature pertinent to teaching medical-surgical nursing.

After the list of instructor's activities was compiled, the items were written in the same grammatical way. The item writing followed the form of infinitive phrases: "To orient students to the unit"; "To plan for formal or ward classes"; "To assist the student to correlate theory with practice." In writing the items, the investigator avoided qualifying words that could color the response of the person doing the Q-sort.

The next step, in developing the Q-sort, was to place the items in one of three categories which related (1) directly to teaching, (2) to the

---

[1]Ruth M. Lederach, "A Study of the Activities of the Clinical Instructors in the Seven Nationally Accredited Hospital Schools of Nursing in Philadelphia" (unpublished Master's thesis, School of Education, University of Pennsylvania, 1957), 21-36.

instructor's position as a faculty member, and (3) to activities usually thought of as non-Medical-Surgical Clinical Instructor's activities. When this was done, the items and their classification were discussed with three instructors in medical-surgical nursing, who would not be participating in the study. These instructors checked the placement of the items into the three categories. The classification of an item, that was questioned by the instructors was discarded. In the items that were retained, twenty-one were in category I, seventeen were in category II, and twenty were in the third category. Since twenty items were desired for each category, similar items in the first category were combined and three items were added to the second category. One of the items, in category I read, "To prepare for formal classes," another read, "To prepare for ward classes." These items were combined to read, "To prepare for formal or ward classes." The three items which were added to the second category, were suggested and agreed upon by the instructors who checked the classification of the items. This brought the total in each group to twenty items.[2]

The items were then numbered to aid in recording the sorts done by the individuals. The numbering was done at random to prevent the association of numbers to categories. The numbered items were typed on three by five cards and an instruction sheet was formulated for doing the Q-sort.[3]

Prior to the data collection, the Q-sort was tested by a medical-surgical instructor for clarity of directions and to determine the amount

---

[2]Appendix A.

[3]Appendix B.

of time necessary to complete the tool. The instructor used twenty-five minutes to sort the cards and had no difficulty in following the directions. The next tool to be designed was the interview schedule.

Two interview schedules were constructed: one for the director of the schools of nursing, and one for the clinical instructors. The director's interview was geared toward the present policies and practices of the school in relation to job descriptions, orientation of faculty, instructor-student ratios, and encouragement for the instructors to discuss their problems with her.[4]

In the instructor's interview focus was on the job description and orientation that she had at the time of employment. She was also questioned about the number of students for whom she was responsible in the hospital units and the number in attendance in her formal classes. Other questions were related to the encouragement the instructor received to discuss problems with the director and if time was provided to discuss them.[5]

The interview schedule for both the directors of nursing and the instructors consisted of eight questions. The questions in each interview consisted of a definite word pattern. The director's questions began with "Do you." The instructor's questions began with "Was" or "What."

---

[4]Appendix C.

[5]Appendix D.

## Procurement of Data

During the initial appointment with the director, the statement of the problem and the methodology for the study was explained and the permission for the study to be done was signed. Following this, she was given the directions for the Q-sort. After she read the directions, she was given the cards to sort. This Q-sort is a technique that gives the correlation or degree of similarity between different individual's expectations at a given time. The director was asked to sort the cards according to her views of the more important, moderate, and less important activities of the medical-surgical instructor's position.

The interview followed the Q-sort. After the data were collected from the director, appointments were arranged for the investigator to meet, individually, with the medical-surgical instructors.

The instructors followed the same procedure as the director in doing the Q-sort. When the investigator met with an instructor, she explained that the purpose for collecting data were to study the role of the medical-surgical instructor. After the instructor had completed the Q-sort, and prior to the interview, the following information was learned: if she held a Bachelor of Science degree, her age, experience in teaching, and if she participated in any clinical teaching. After the data were collected, from her, questions about the study were answered.

The time used for the sort and interview, combined, varied from thirty minutes to forty-five minutes. The card sorting took from twenty-five to forty minutes.

All instructors contacted were willing to participate in the study. Some found it difficult to make decisions about the relative importance of some of the items. All were interested in the findings that would result from the study.

# CHAPTER IV

# FINDINGS

## Presentation and Discussion of Data

This chapter is concerned with the presentation and the analysis of the data obtained by the use of the Q-sort technique and the interview questions. The information secured by the Q-sort will be discussed first. The items for the Medical-Surgical Clinical Instructor Q-sort were classified according to three functional categories for analysis: (1) related to teaching, (2) related to her position as a faculty member, and(3) the non-Medical-Surgical Clinical Instructor's functions. The second portion will be devoted to the data procured by the questions in the interview.

Gross observation of the means of each category of instructor's fumctions, provided by the Q-sort, disclosed no outstanding differences between the director's and the instructor's means, in any of the schools of nursing. A test computed by Lord, called the t-test, was used to determine if there was a significant difference in the means of a director and an instructor. This was a tool to test the equality of means with two samples of equal size. The formula for this test was:

$$\frac{x_1 - x_2}{\frac{1}{2}(R_1 + R_2)}.$$

"The x's refer to the means and the R's to the range"[1] of piles in a

---

[1]Gardner Lindzey (ed.), Handbook of Social Psychology, Vol. I (Cambridge, Mass.: Addison-Wesley Publishing Co., Inc., 1956), 324.

category. The number obtained by the formula was then multiplied by 11.8, a conversion factor for using a t-table, which has been computed to reveal significant differences between two numbers. A number would have to exceed the t-table number, in this case exceed 2.025, to show a significant difference between two means with a tool of twenty items. Twenty was the number of items which were included in each of the means, in the Q-sort. Lord's formula was used with the most obvious difference between the means of the Director and Instructor One, in School of Nursing B, for the category relating to activities of teaching. The number computed was .5428, which is below the significant difference level. Therefore, there is no difference in the concepts, of the instructor's role, held by the directors of nursing and the instructors in agencies A, B, C, and D.

Another tool, for analyzing the data, was a ranking of the differences in the Q-sort means of the director and each instructor in the four schools of nursing. This was done by subtracting the director's mean from the instructor's mean for each of the three categories. After the difference in the means was determined, the differences were ranked one, two, or three, with one being the lowest difference. The results are shown in Table 1.

The ranking of the category mean differences showed that the second category, which related to functions of a Medical-Surgical Clinical Instructor in her position as a faculty member, ranked lowest in most instances. This showed that there was least difference between the director's and the instructor's concept about the role of the instructor in this category of activities.

TABLE 1.--Differences in the Q-sort means of the director and the instructors in the four schools of nursing ranked from lowest to highest

| School of Nursing | Persons Compared | Ranking of Category Mean Difference | | |
|---|---|---|---|---|
| | | Category | | |
| | | I | II | III |
| A | Director & Instructor One | 2 | 1 | 3 |
| | Director & Instructor Two | 2.5 | 1 | 2.5 |
| B | Director & Instructor One | 3 | 1.5 | 1.5 |
| | Director & Instructor Two | 2 | 1 | 3 |
| C | Director & Instructor One | 2.5 | 1 | 2.5 |
| | Director & Instructor Two | 1 | 2 | 3 |
| | Director & Instructor Three | 2.5 | 1 | 2.5 |
| D | Director & Instructor One | 3 | 1.5 | 1.5 |
| | Director & Instructor Two | 1 | 2.5 | 2.5 |
| | Director & Instructor Three | 2.5 | 1 | 2.5 |
| | Totals | 22 | 13.5 | 24.5 |

The sum totals of the ranking of the mean differences, according to categories, showed that the second category had the lowest sum total, thirteen and one-half; the first category had the next lowest sum total, twenty-two; and the third category had the highest sum total, twenty-four and one-half. Thus, the ranking of the category mean differences showed that the directors and the instructors differed least in their concepts of the Medical-Surgical Clinical Instructor's role in the second category, activities related to the instructor's position as a faculty member. However, the sum totals showed that there was a lower range between the sum totals for the first and third category than there was between the sum totals for the second and the first category. Subtraction of the sum totals showed that there was a range of two and one-half between the first and

third category while there was a range of eight and one-half between the second and the first category.

Table 2 presents in rank order the items that were selected by the greatest number of directors and instructors as the five most important activities of the Medical-Surgical Clinical Instructor. The activities for the table were obtained from the Q-sort done by each of the study participants. Q-sort piles, one and two, were combined to obtain the five most important activities of the instructor. The table revealed that the only activity that was in the same rank for both groups was item number one, "To assist the student to correlate theory with practice." This activity was in second rank.

The activity which the greatest number of instructors felt was important was number twenty-eight, "To do individual teaching and educational supervision of students in planning and giving patient care." The directors had this activity in third rank. The activity which was in first rank for the directors was number thirty-three, "To evaluate the student's clinical performance." The instructors had this activity in fourth rank.

The instructors had one activity in third rank along with six others, which the directors did not consider as the more important activities of the instructor. These activities were: number thirty-six, "To assist the student to do patient teaching"; number six, "To conduct clinical conferences"; number thirty-nine, "To counsel students"; number forty-three, "To assist in the student learning on that unit"; number fifty-one, "To teach formal classes"; number five, "To assist the student with procedures"; and number thirty-seven, "To keep records of student's progress and

TABLE 2.--Comparison in the rank order of the items that were selected by the greatest number of instructors and directors as the five most important activities of the Medical-Surgical Clinical Instructor

| Item No. | Activity | Inst. Rank | Dir. Rank | No. of Inst. | No. of Dir. |
|---|---|---|---|---|---|
| 28 | To do individual teaching and educational supervision of students in planning and giving patient care | 1 | 3 | 9 | 2 |
| 1 | To assist the student to correlate theory with practice | 2 | 2 | 7 | 3 |
| 36 | To assist the student to do patient teaching | 3 | 0 | 5 | 0 |
| 33 | To evaluate the student's clinical performance | 4 | 1 | 4 | 4 |
| 6 | To conduct clinical conferences | 6 | 0 | 3 | 0 |
| 27 | To plan for formal or ward classes | 6 | 9 | 3 | 1 |
| 39 | To counsel students | 6 | 0 | 3 | 0 |
| 11 | To plan the student's daily nursing assignment | 10 | 9 | 2 | 1 |
| 43 | To assist the student learning on that unit | 10 | 0 | 2 | 0 |
| 55 | To assist in planning the medical-surgical program | 10 | 4.5 | 2 | 2 |
| 10 | To arrange conferences with the head nurse, to discuss problems relating to student learning | 10 | 9 | 2 | 1 |
| 51 | To teach formal classes | 10 | 0 | 2 | 0 |
| 5 | To assist the student with procedures | 14 | 0 | 1 | 0 |
| 31 | To interpret the philosophy of the school to the students | 14 | 4.5 | 1 | 2 |
| 37 | To keep records of student's progress and performance | 14 | 0 | 1 | 0 |
| 8 | To guide the student in writing nursing care studies | 0 | 9 | 0 | 1 |
| 22 | To orient the students to the unit | 0 | 9 | 0 | 1 |

performance." The directors had two activities on this table that the instructors did not have as their five most important activities. These activities were: number eight, "To guide the student in writing nursing care studies," and number twenty-two, "To orient the students to the unit."

The one most important activity of the instructors, selected by the study participants, was reviewed according to the schools of nursing. The Director, in School of Nursing A, felt activity number thirty-one, "To interpret the philosophy of the school to the students," was the most important activity of the instructors. Instructor One had this activity in the fifth pile and Instructor Two had it in the fourth pile. Therefore, the instructors, in School A, felt that this activity was a moderately important activity for them, rather than the most important. The two instructors had activity number twenty-eight, "To do individual teaching and educational supervision of students in planning and giving patient care," as their most important function. The Director had this activity among the five most important for the instructor.

The Director, in School of Nursing B, felt that the most important activity of the instructors was number twenty-eight, "To do individual teaching and educational supervision of students in planning and giving patient care." Instructor One, in this school, had this activity among her five most important activities. The two instructors, in this school, had activity number one, "To assist the student to correlate theory with practice," as their most important activity. The Director had this function among the five most important for the instructor.

The Directors, in Schools of Nursing C and D, felt that activity number fifty-five, "To assist in planning the medical-surgical program,"

was the most important activity of the instructors. Instructor Two, in School of Nursing B, had this activity among her five most important functions. Instructor One, in School of Nursing C, felt activity number one, "To assist the student to correlate theory with practice," was her most important function. This activity was on the Director's list of the instructor's most important activities. Instructors Two and Three felt their most important activity was number twenty-eight, "To do individual teaching and educational supervision of students in planning and giving patient care." The Director, also, had this function on her list of the most important activities of the instructor.

Instructors One and Three, in School of Nursing D, felt that their most important activity was number one, and Instructor Two felt that her most important function was activity number twenty-eight. The Director had number one on her list of most important activities, but did not have number twenty-eight on this list.

The five most important activities of the instructor were reviewed according to the schools of nursing. In Hospital A, School of Nursing, the only activity that was among the five most important for the Director and for the instructors was number twenty-eight, "To do individual teaching and educational supervision of students in planning and giving patient care." The two instructors, in this school, viewed three out of five activities alike: number twenty-eight, as above, number one, "To assist the student to correlate theory with practice," and number thirty-six, "To assist the student to do patient teaching."

In Hospital B, School of Nursing, the Director and the instructors felt activity number one, "To assist the student to correlate theory with

practice," was important. The Director and Instructor Two selected activity number thirty-three, "To evaluate the student's clinical performance," and activity number ten, "To arrange conferences with head nurse, to discuss problems relating to student learning," as their most important functions of the instructor. This showed a three out of five similarity between the Director and one instructor. In this school both of the instructors agreed that activity number nine, "To conduct clinical conferences," was an important activity.

In Hospital C, School of Nursing, the Director and the instructors felt that activity number one, "To assist the student to correlate theory with practice," was important. The three instructors agreed that activities number twenty-eight, "To do individual teaching and educational supervision of students in planning and giving patient care," and number thirty-six, "To assist the student to do patient teaching," were important. The Director did not have these items among her selection of the most important activities of the instructor. Only Instructors One and Two in this school, felt that activity number thirty-nine, "To counsel students," was important.

In Hospital D, School of Nursing, the Director and Instructors One and Three felt that activities number one, "To assist the student to correlate theory with practice," and number twenty-seven, "To plan for formal or ward classes," were important. The Director and the three instructors felt that activity number thirty-three, "To evaluate the student's clinical performance," was important. The three instructors had activity number twenty-eight, "To do individual teaching and educational supervision of students in planning and giving patient care," among their

selection of the most important functions of the instructor. The Director did not have this activity among the five most important activities of the instructor. Instructors One and Three felt activity number twenty-seven, "To plan formal or ward classes," was of high importance. In this school, the Director had a three out of five similarity with two of her instructors in viewing the five most important activities of the Medical-Surgical Clinical Instructor. Instructors One and Three had a four out of five similarity in their view of the five most important functions of the instructor.

Taking the instructors as a group, five felt that their most important activity was number one, "To assist the student to correlate theory with practice," and five felt that activity number twenty-eight, "To do individual teaching and educational supervision of students in planning and giving patient care," was their most important activity. It is of interest to note that both of these items (number one and number twenty-eight) ranked high among the most important activities selected by the greatest number of directors, as shown in Table 2.

A comparison was made between Table 2, which dealt with the rank order of items selected by the greatest number of instructors and directors as the five most important activities of the Medical-Surgical Clinical Instructor and Table 3, which dealt with the rank order of items selected by the greatest number of instructors and directors as the five least important activities of the Medical-Surgical Clinical Instructor. This comparison indicated, there was more agreement in both groups, about the more important activities than there was about the least important activities of the instructor. In the most important activities ranking, there were fifteen activities compiled from the first two Q-sort piles as selected

TABLE 3.--Comparison in the rank order of the items that were selected by the greatest number of instructors and directors as the five least important activities of the Medical-Surgical Clinical Instructor

| Item No. | Activity | Inst. Rank | Dir. Rank | No. of Inst. | No. of Dir. |
|---|---|---|---|---|---|
| 30 | To supervise student's study hours | 2 | 9.5 | 7 | 1 |
| 52 | To assist in the nursing service department either in office or supervision | 2 | 0 | 7 | 0 |
| 58 | To do own filing, typing or duplicating work | 2 | 1.5 | 7 | 3 |
| 50 | To develop personnel policies for nursing service personnel | 4 | 9.5 | 6 | 1 |
| 17 | To assist in the library | 5 | 1.5 | 4 | 3 |
| 41 | To teach inservice education programs to others than graduate nurses | 6 | 9.5 | 3 | 1 |
| 40 | To compile students final records | 8 | 3 | 2 | 2 |
| 20 | To administer National League for Nursing tests in other than medical-surgical nursing | 8 | 9.5 | 2 | 1 |
| 54 | To requisition equipment for the education department | 8 | 0 | 2 | 0 |
| 56 | To assist in other educational departments | 14.5 | 9.5 | 1 | 1 |
| 19 | To be a hostess to school guests | 14.5 | 9.5 | 1 | 1 |
| 26 | To write recommendations for students for employment or further education | 14.5 | 9.5 | 1 | 1 |
| 45 | To proctor doctor's lectures | 14.5 | 9.5 | 1 | 1 |
| 18 | To evaluate textbooks | 14.5 | 0 | 1 | 0 |
| 25 | To plan a recreational program for students | 14.5 | 9.5 | 1 | 1 |
| 6 | To participate in studies conducted by nursing service or the hospital | 14.5 | 0 | 1 | 0 |
| 15 | To interpret the philosophy of the school to hospital personnel | 14.5 | 9.5 | 1 | 1 |
| 44 | To serve on a nursing service committee | 14.5 | 0 | 1 | 0 |
| 49 | To attend head nurse meetings | 14.5 | 0 | 1 | 0 |
| 4 | To assume clinical coordinator's duties | 0 | 9.5 | 0 | 1 |
| 47 | To assist in the student health program | 0 | 9.5 | 0 | 1 |

by the instructors, and eleven activities as selected by the directors as the most important functions of the instructor. In the least important activity ranking, there were nineteen activities selected by the instructors and sixteen activities selected by the directors as least important functions of the instructors. Many activities, in the least important ranking, were selected as of low importance by one director or by one instructor. There were ten activities sorted as low importance by one instructor and twelve activities sorted as low importance by one director. This was in contrast to the ranking of the most important activities, (Table 2), which included but three activities selected as important by one instructor and five activities selected as important by one director.

Table 3 shows that the only activity that was in the same rank for both groups was number fifty-eight, "To do own filing, typing or duplicating work." Several of the instructors stated that they had to do this type of activity, if they needed something immediately. The activities which the greatest number of instructors felt were of least importance were number thirty, "To supervise student's study hours," number fifty-two, "To assist in the nursing service department either in office or supervision," and number fifty-eight, "To do own filing, typing or duplicating work." These three activities were in the same rank for the instructors. The two activities that were in the top rank for the directors, as the least important functions of the instructor, were number fifty-eight, "To do own filing, typing or duplicating work," and number seventeen, "To assist in the library."

The least important instructor's activity, obtained from the Q-sorts were reviewed according to the schools of nursing. The Director, in School of Nursing A, felt that activity number fifteen, "To interpret the

philosophy of the school to hospital personnel," was least important. The instructors, in this school, did not see this activity as unimportant as did the Director. Instructor One felt that the least important activity was number thirty, "To supervise student's study hours." Instructor Two had activity number fifty, "To develop personnel policies for nursing service personnel," as her least important function. The Director did not have either one of these activities on her list of least important activities of the instructor.

The Director, in School of Nursing B, felt that activity number seventeen, "To assist in the library," was the least important. The instructors, in this school, did not have this activity among their five least important functions. Instructor One felt that her least important activity was number fifty-eight, "To do own filing, typing or duplicating work." The Director had this activity among her list of five least important instructor's activities. Instructor Two thought number forty-five, "To proctor doctor's lectures," was the least important activity. The Director did not have this activity among her five least important instructor's functions.

The Director, in School of Nursing C, felt that activity number fifty-eight, "To do own filing, typing or duplicating work," was the least important. Instructors Two and Three concurred with her and Instructor One had this activity among her five least important instructor's activities. Instructor One had activity number fifty, "To develop personnel policies for nursing service personnel," as her least important activity and the Director had this activity on her five least important activities list.

The Director, in School of Nursing D, felt that activity number twenty-five, "To plan a recreational program for students," was least important while none of her instructors had this activity among their five least important functions. Instructors One and Three had number fifty, "To develop personnel policies for nursing service personnel," as the least important activity. Instructor Two had number fifty-two, "To assist in the nursing service department either in office or supervision" as least important. The Director did not have either of these activities on her list of the five least important activities, while the three instructors had both activities on their lists.

In the interviews with the directors, the evidence showed that the four schools of nursing had written job descriptions for the position of Medical-Surgical Clinical Instructor. In Schools of Nursing A and B, the job description was formulated by a faculty committee. In Schools of Nursing C and D, the description was formulated by the faculty, as a group.

In Schools A and B, a job summary was included in the job description but it was not included in the description in School C. In School D a partial job summary was included in the description. Schools A, B, and C had job relationships included in the job description. School of Nursing B had personnel policies in its job description.

All the schools, except D, had a planned orientation program for new instructors. School of Nursing D had an informal orientation program for new faculty personnel. The orientation programs, in these four schools according to the directors were comprehensive. The programs included personnel policies of the school, introduction to personnel in the school and in the hospital, facilities available for students and faculty,

student records, physical layout of the school and the hospital, the inservice education program, lines of authority, the organization of the school and the hospital, the philosophy of the school, and a more detailed explanation of the instructor's duties and responsibilities. All the schools had an adjustment period of two weeks, before the instructor assumed full responsibility of the position. School of Nursing C, also, had an orientation to nursing service before the orientation to the school.

School of Nursing A had a maximum instructor-student ratio of one-to-ten, for the clinical area. The other schools did not have a maximum ratio established. According to the Directors in Schools B, C, and D, the number of students per instructor in the clinical area varied from one student to one instructor to ten students to one instructor. In the classroom the instructor-student ratio varied in all schools. There were twenty to eight-five students in attendance at formal classes in the different schools of nursing. This number depended on the number of students per class in the school. All the directors encouraged the instructors to discuss their problems with them.

In the interviews with the medical-surgical instructors, it was learned that in five instances instructors received a written job description at the time of employment and in five instances instructors did not receive a written job description at the time of employment. The instructors in Schools B and C were given written job descriptions. The instructors in Schools A and D were given oral job descriptions.

Instructors in School B, who had been employed by that agency for eight months, said that they did not have a planned orientation program. Instructor One said that she had brief conferences. Instructor Two

said that she was a graduate of the school and had very little in the way of an orientation to her position. Instructor Three, in School of Nursing D, who had been employed for eight months, said she had a planned orientation. The Director of School of Nursing D stated that there was no planned orientation program.

All of the instructors said that they had been given the personnel policies of the school. Instructor One, in School B, said that she had not had a formal introduction to the personnel in the hospital or in the school of nursing. None of the instructors in Schools of Nursing A and B were shown the contents of a student's record, at the time of orientation. Instructor One, in School D, did not have an introduction to the student's record in her orientation. Two instructors felt that the lines of authority were not clearly stated in their orientation. These were Instructor One, in School B and Instructor Two, in School C. The latter person had been an instructor in the school for five months.

Instructor One, in School B, said she was not given the plan of organization of the school or of the hospital. Instructor One, in School A, said she was not given the plan of organization of the hospital in her orientation. All of the instructors said they were given the philosophy of the school in their orientation program.

The instructors, in School of Nursing A, said they were not given further explanation of their duties and responsibilities than that which they had received in their initial job description. Instructor Two, in School of Nursing B, and Instructor Two, in School of Nursing D, made the same statement.

The adjustment period for the instructors, in Schools of Nursing A, C, and D, varied from two weeks to one months. The instructors, in School of Nursing B, said that they did not have an adjustment period in the position before they assumed the full responsibility of their role. Instructor One said the only orientation she had recieved was that of giving patient care for six weeks prior to her teaching activities.

The instructors reported that the number of students, for whom they were responsible in the clinical units, varied from three to twenty students. The instructors said that the number of students varied during the year. There was no established number of students for whom they were responsible, at any one time. There was an absence of an established number of students in attendance at their formal classes. This number depended on the number of students per class. In School of Nursing A there were forty-five to fifty students; in School of Nursing B, twenty-nine students; in School of Nursing C, twenty-eight to twenty-nine students; and in School of Nursing D, eighty-four to eighty-five students in each class.

All the instructors felt that the director of the school encouraged them to discuss problems with her. Some of the instructors' comments about this were: "feels free to do it," "a great deal," "she is always available," or "know you can." When the instructors were asked, "What time is allotted for you to discuss problems with the director?", the response was: "as necessary," "as long as necessary," or "by appointment."

# CHAPTER V

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### Summary

This study was undertaken to ascertain the similarities and the dissimilarities in the role expectation of the Medical-Surgical Clinical Instructor as seen by the director and the medical-surgical instructors in four three year diploma schools of nursing. The hypothesis was that the director and the medical-surgical clinical instructors in a three year diploma school of nursing had similar views on activities related directly to teaching; however, they differed in their conception of activities which are related extraneously to teaching. A Q-sort of sixty items and an interview with the directors and the medical-surgical instructors served as the tools for obtaining the data. Four hospital diploma schools of nursing in the Boston area--all accredited by the National League for Nursing--were selected for the study. The items in the Q-sort were classified as follows:

1. The functions of a Medical-Surgical Clinical Instructor related directly to teaching
2. The functions of a Medical-Surgical Clinical Instructor in her position as a faculty member
3. Activities usually thought of as non-Medical-Surgical Clinical Instructor's functions

The interview schedule for the director of the schools of nursing covered the following areas:

1. Job description for the position of Medical-Surgical Instructor
2. Orientation of new faculty members
3. Instructor-student ratios in the clinical units and in the classroom
4. Encouragement for the instructors to discuss their problems with the director.
5. The length of time that the director held this position

The medical-surgical instructor's interview schedule covered the following areas:

1. The job description she received upon employment
2. The orientation program she had upon employment
3. The number of students for whom she was responsible on the clinical units and the number of students in attendance at her formal classes
4. The encouragement she received to discuss problems with the director and if time was provided to discuss them

Each instructor was questioned about whether she held a Bachelor of Science degree, her age, experience in teaching, and if she participated in clinical teaching.

Gross observation of the means, provided by the Q-sorts, revealed that there were no outstanding differences in the way the directors and their instructors viewed the Medical-Surgical Clinical Instructor's position. Lord's formula for determining the equality of means with two

samples of equal size, revealed an absence of a significant difference in the concept held by the directors and the instructors about the instructor's position. A ranking of the difference between the Q-sort means of the director and each instructor, in the four schools of nursing, showed that the least difference between the directors and the instructors was in the category related to the functions of a Medical-Surgical Clinical Instructor in her position as a faculty member.

Most of the instructors felt that one of their most important activities was "To do individual teaching and educational supervision of students in planning and giving patient care." All of the directors agreed that the activity of evaluating the student's clinical performance was important. These two activities were in a different rank for the alternate group of participants.

An activity that was selected by the majority of directors and instructors as a least important function of the instructor was, "To do own filing, typing or duplicating work." There was more agreement among the group of directors and among the group of instructors about activities that are most important functions of the instructor than about the least important functions of the instructor.

The four schools of nursing had written job descriptions for the position of Medical-Surgical Clinical Instructor. Schools of Nursing A, B, and C had a planned orientation program for new instructors. School of Nursing D had an informal orientation program for new faculty personnel. The orientation programs in the four schools of nursing were comprehensive, according to the directors.

Five of the instructors said that they were given a written job description when they were employed and five instructors said they did not receive a written job description upon employment. The instructors in School of Nursing B said that they did not have a planned orientation program. One of the instructors in School of Nursing D said that she had a planned orientation program.

All of the instructors said they were given the personnel policies of the school and the philosophy of the school in their orientation to the school. At least one instructor in each of the schools of nursing felt that she did not have sufficient information included in her orientation. Instructor-student ratios, in the four schools of nursing that participated in this study, depended on the number of students admitted by that school to each class. All of the instructors felt that the director encouraged them to discuss problems with her and that she provided time to discuss them.

## Conclusions

As a result of the study, the following conclusions were made:

1. The director and the medical-surgical instructors viewed the Medical-Surgical Clinical Instructor's role essentially the same.
2. The directors and the instructors had the least difference in their concept of activities relating to the instructor's position as a faculty member.
3. There was more agreement among the group of directors and among the group of instructors about activities that

were most important functions of the instructor than about the least important functions of the instructor.

4. There was some variance in the reports of the directors and the instructors about the areas that were included in the job descriptions and the orientation programs.
5. The data presented did not support the hypothesis of the study: the director and the medical-surgical clinical instructors in a three year diploma school of nursing have similar views on activities related directly to teaching; however, they differ in their conception of activities which are related extraneously to teaching.

## Recommendations

From the data reported in this study, the following recommendations were made:

1. That a similar study be done with a larger sample in other geographical locations
2. That a study be done to compare the instructor's ideal concept of her position with the actual situation
3. That a similar Q-sort technique would be helpful to those responsible for orientation programs to see if repeated Q-sorts would indicate change in the perceptions of the position after the orientation program
4. That the communication channels be improved in schools of nursing

# BIBLIOGRAPHY

## Books


Committee of the Revision of the Faculty Pamphlets. Faculty Positions and How To Prepare for Them. New York: National League of Nursing Education, 1946.

Gabig, Mary Grace, and Lanigan, Barbara T. Dynamics of Clinical Instruction in Nursing Education. Washington, D.C.: The Catholic University of America Press, 1956.

Lindzey, Gardner (ed). Handbook of Social Psychology. Vol. I. Cambridge, Mass.: Addison-Wesley Publishing Co., Inc., 1956.

Roethlisberger, F. J., and Dickson, William J. Management and the Worker. Cambridge, Mass.: Harvard University Press, 1949.

Tead, Ordway. Human Nature and Management. New York: McGraw-Hill Book Co., Inc., 1933.


## Articles


Anderson, Louise Carlson. "Orienting New Faculty Members," Nursing Outlook, LIV (April, 1954), 182-84.

Benne, Kenneth D., and Bennis, Warren. "The Role of the Professional Nurse," American Journal of Nursing, LIX (February, 1959), 196-98.

_____. "What is Real Nursing?," American Journal of Nursing, LIX (March, 1959), 380-83.

Chase, Francis S. "Factors for Satisfaction in Teaching," The Phi Delta Kappan, XXXIII (November, 1951), 127-32.

Frank, Sister Charles Marie. "The Utilization of Nursing Personnel," Nursing Outlook, VIII (April, 1960), 202-203.

Heidgerken, Loretta. "Meeting the Teacher Shortage," Nursing Outlook (September, 1956), 514-16.

Maryo, Joann S., and Lasky, Julian. "A Work Satisfaction Survey Among Nurses," American Journal of Nursing, LIX (April, 1959), 501-503.

Saunders, Lyle. "The Changing Role of Nurses," American Journal of Nursing, LIV (September, 1954), 1094-1097.

Whiting, J. Frank. "Q-Sort: A Technique for Evaluating Perceptions of Interpersonal Relationships," Nursing Research, IV (October, 1955), 70-73.

Unpublished Material

Currah, Sylvia Lee. "Problems Encountered by Instructors of Clinical Nursing." Unpublished Master's thesis, School of Nursing, Wayne State University, 1959.

Gough, Sister M. Nicholas. "Qualifications, Functions and Teaching Load of Twenty-nine Instructors in Medical-Surgical Nursing in Selected Collegiate Programs." Unpublished Master's thesis, School of Nursing Education, The Catholic University of America, 1957.

Gutzman, Doris, et al. "A Study of the Job Satisfaction of Nurse Instructors in the State of Ohio." Unpublished Research Project, School of Nursing, Francis Payne Bolton School of Nursing, Western Reserve University, 1955.

Leahy, Catherine M. "A Study of the Functions of Twenty-five Clinical Instructors in a Selected Group of Schools of Nursing in a Metropolitan Area." Unpublished Master's thesis, School of Nursing Education, The Catholic University of America, 1950.

Lederach, Ruth M. "A Study of the Activities of the Clinical Instructor in the Seven Nationally Accredited Hospital Schools of Nursing in Philadelphia." Unpublished Master's thesis, School of Education, University of Pennsylvania, 1957.

# APPENDIX A

NUMBERS, ITEMS, AND CATEGORIES FOR THE Q-SORT

The Functions of a Medical-Surgical Clinical Instructor Related to Teaching

| | |
|---|---|
| 1 | To assist the student to correlate theory with practice |
| 5 | To assist the student with procedures |
| 8 | To guide the student in writing nursing care studies |
| 9 | To conduct clinical conferences |
| 10 | To arrange conferences with head nurse, to discuss problems relating to student learning |
| 11 | To plan the student's daily nursing assignment |
| 16 | To administer National League for Nursing achievement tests in medical-surgical nursing |
| 22 | To orient students to the unit |
| 23 | To conduct other ward teaching activities (for example, ward rounds) |
| 27 | To plan for formal or ward classes |
| 28 | To do individual teaching and educational supervision of students in planning and giving patient care |
| 32 | To plan the student's duty hours alone or with the head nurse |
| 33 | To evaluate the student's clinical performance |
| 34 | To prepare, administer and grade tests |
| 36 | To assist the student to do patient teaching |
| 37 | To keep records of student's progress and performance |
| 43 | To assist the student learning on that unit |
| 46 | To assist the students to understand and cooperate with nursing service |
| 51 | To teach formal classes |
| 55 | To assist in planning the medical-surgical program |

The Functions of a Medical-Surgical Clinical Instructor in Her Position as a Faculty Member

| | |
|---|---|
| 2 | To attend inservice education programs |
| 7 | To serve on a nursing curriculum committee |
| 12 | To assist in the establishment of policies regarding working conditions |
| 14 | To be an advisor for a class, organization or yearbook |
| 15 | To interpret the philosophy of the school to hospital personnel |
| 18 | To evaluate textbooks |
| 21 | To assist in the preclinical program |
| 24 | To attend and participate in faculty meetings |
| 26 | To write recommendations for students for employment or further education |
| 29 | To participate in studies conducted by the nursing school |
| 31 | To interpret the philosophy of the school to the students |
| 35 | To attend parent organization meetings |
| 38 | To secure lecturers other than nurse instructors |
| 39 | To counsel students |
| 42 | To assist with the orientation program for new students to the school |
| 45 | To proctor doctor's lectures |
| 48 | To conduct independent studies |
| 53 | To attend professional meetings |
| 57 | To attend nursing conventions |
| 60 | To develop personnel policies for teaching personnel |

## Non-Medical-Surgical Clinical Instructor Functions

| | |
|---|---|
| 3 | To establish curriculum, plan sequence of courses and teaching schedules |
| 4 | To assume clinical coordinator's duties (for example, plan clinical rotation) |
| 6 | To participate in studies conducted by nursing service or the hospital |
| 13 | To teach inservice education programs to graduate nurses |
| 17 | To assist in the library |
| 19 | To be a hostess to school guests |
| 20 | To administer National League for Nursing achievement tests in other than medical-surgical nursing |
| 25 | To plan a recreational program for students |
| 30 | To supervise students study hours |
| 40 | To compile students final records |
| 41 | To teach inservice education programs to others than graduate nurses |
| 44 | To serve on a nursing service committee |
| 47 | To assist in the student health program |
| 49 | To attend head nurse meetings |
| 50 | To develop personnel policies for nursing service personnel |
| 52 | To assist in the nursing service department, either in office or in supervision |
| 54 | To requisition equipment for the education department |
| 56 | To assist in other educational departments |
| 58 | To do own filing, typing, or duplicating work |
| 59 | To participate in the student recruitment program |

# APPENDIX B

INSTRUCTIONS FOR THE MEDICAL-SURGICAL CLINICAL INSTRUCTOR Q-SORT

Instructors perform many and varied activities. All of these are worthwhile and important, but all of us see some activities as more important than others. This study is one in which an instrument has been constructed to measure what you feel are the more important and the less important activities of the instructor of medical-surgical nursing.

You are requested to sort these 60 statements regarding instructor's activities. While you are sorting the cards, you should keep the following question in mind:

> Which of these activities do you feel are of high importance, of medium importance, of low importance, in the medical-surgical clinical instructor's position on a faculty?

Here are the steps to follow in sorting the cards:

1. Sort the 60 cards into 3 roughly equal piles of high, medium and low importance. Place the high pile on your left and the low pile on your right, with the medium pile in the middle.
2. From the high pile in step 1, select the 13 most important items and place the rest in the medium pile. Then from these 13 items, select the 5 most important items. From these 5 items select the 1 most important item. The result will be 3 piles of 1, 4, and 8 items each which are placed on the pile cards #1, #2 and #3 respectively.
3. From the low pile in step 1, follow the same procedure as above in step 2; i.e., select the 13 least important items, placing the remainder in the medium pile. Then from these select 5, then select 1 least important. The result will be 3 piles of 1, 4 and 8 items which are placed on pile cards #9, #8 and #7 respectively.
4. Separate the medium pile of 34 remaining items into 3 piles of slightly more important, medium importance, and slightly less importance. Place the slightly more important on your left and the slightly less important on your right. When you are finished sorting, you should have 10 items in the slightly more important pile, 14 items in the medium importance pile and 10 items in the slightly less important pile to be placed on pile cards #4, #5 and #6 respectively.

You will then have 9 piles of cards in the following distribution:

| Number of pile | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 |
|---|---|---|---|---|---|---|---|---|---|
| Number of cards | 1 | 4 | 8 | 10 | 14 | 10 | 8 | 4 | 1 |

# APPENDIX C

## INTERVIEW WITH THE DIRECTORS OF NURSING SCHOOLS

Now that you have shown which activities of the Medical-Surgical Clinical Instructor that you feel are of more, moderate and less importance, I would like to ask you a few questions.

1. Do you have the dual responsibility of nursing service and nursing education?

2. Do you have a written job description for the position of Medical-Surgical Clinical Instructor in this school?

2a. (If yes) Who formulated the job description?

3. Do you have the job description structured to include:

   a job summary?

   job relationships?

   personnel policies?

4. Do you have a planned orientation program for your new instructors?

4a. (If yes) Do you have the orientation program designed to include:

   the personnel policies of the school?

   introduction to personnel; including faculty, secretarial staff and people in hospital departments and units?

   facilities available for students and faculty?

   students records?

   physical layout of the school and clinical facilities?

   inservice education program?

   lines of authority?

   organization of the school?

   organization of the hospital?

   philosophy of the school?

   more detailed explanation of duties?

   an adjustment period before assuming full responsibility in the position?

   others: (list)

4b. (If no) What type of orientation is given?

5. Do you have a maximum instructor-student ratio for the classroom?

6. Do you have a maximum instructor-student ratio for the clinical area?

(if yes) What are the ratios?

(if no) What are the usual ratios?

7. Do you encourage the instructors to discuss their problems with you?

8. Would you tell me how long you have been in this position?

# APPENDIX D

## INTERVIEW WITH MEDICAL-SURGICAL INSTRUCTORS

Now that you have shown which activities of the Medical-Surgical Clinical Instructor that you feel are of more, moderate and less importance, I would like to ask you a few questions.

1. Was there a written job description for your position as Medical-Surgical Instructor when you began your employment here?

   (if no) Did you receive an oral job description?

2. Was there included in the job description:

   a job summary?

   job relationships?

   personnel policies?

3. Was there a planned orientation program for you?

   (if no) What type of orientation did you receive?

4. Was there included in the orientation program:

   personnel policies of the school?

   introduction to personnel; including faculty, secretarial staff and people in hospital departments and units?

   facilities available for students and faculty?

   student's records?

   physical layout of the school and clinical facilities?

   inservice education program?

   lines of authority?

   organization of the school?

   organization of the hospital?

   philosophy of the school?

   more detailed explanation of duties and responsibilities?

   an adjustment period before assuming full responsibility in the position?

   others: (list)

5. What is the number of students that you are responsible for on the units?

6. What is the number of students in attendance at your formal classes?

7. What encouragement do you receive from your director to discuss your problems with her?

8. What time is allotted for you to discuss problems with your director?