1990

A Study of Nursing Orientation in Two Urban Hospitals. (Volumes I and II).

Myrna Harris Cassimere
Louisiana State University and Agricultural & Mechanical College

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A study of nursing orientation in two urban hospitals. (Volumes I and II)

Cassimere, Myrna Harris, Ph.D.

The Louisiana State University and Agricultural and Mechanical Col., 1990

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A STUDY OF NURSING ORIENTATION IN
TWO URBAN HOSPITALS

VOLUME 1

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Department of Curriculum and Instruction

By

Myrna Harris Cassimere
B.S.N., Dillard University, 1963
M.N., Louisiana State University Medical Center, 1976
December 1990

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Acknowledgment

A great number of people deserve my thanks for their generosity and assistance in completing this document. I am deeply appreciative to all who helped. Some people deserve separate mention.

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The nurses who took part in my study were candid, generous, and wonderful to work with and I thank them.

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To my father, Thomas Harris; my sons, Gene and Thomas; and all other family members - thanks for your faith in me, your love, and understanding.

Several friends read the document, reacted to it, and commented. Thanks for your help Roxy Wright, Aurelia Orr, Michael Wascome, Mag Durald, Roberta Smith, Arthur Halbrook, George Daul, and Charles Nunnery.

The dissertation is dedicated to my mother, Milliestean B. Harris and Jerry A. Banks, Jr. in memoriam.
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ABSTRACT

This case study described the perceptions of participants during an orientation program in two urban hospitals. The conceptual framework of the study is based on the social systems theory of administration by Getzels and Guba (1957). Four propositions were used to guide interviews and observations for data collection. Data analysis was accomplished by the pattern matching technique described by Yin (1984). The study propositions were supported by the data.

The participants of the study included new graduates and experienced nurses. The institutions involved and their orientation programs were perceived in a positive manner by the participants. Orientation instructors were perceived as the most impressive component of the programs at each institution.

A model for designing orientation programs was developed as a result of the study. Elements and findings of the case study were used. Implications for further study should be of interest to staff development personnel, curriculum planners, and employee relations personnel.
CHAPTER 1

INTRODUCTION

The practice of introducing new members to the work setting is widely practiced in contemporary society. In service oriented professions, such as nursing, it is generally a prerequisite of employment. Orientation for new employees is an adult learning activity with far reaching and serious implications for the orientee, sponsor, and instructor. Dysfunctional turnover, lowered standards of care, and poor community image are examples of these implications. Synthesizing selected activities, information, and experiences needed for success in an organization into a curriculum to be presented via instructional methods best suited to a target group is a concern of education.

The present study describes the perceptions of nurses during an orientation program. Central to the study are perceptions of (a) information presented, (b) readiness to assume the expected role, and (c) ability to live up to the employer's expectations. Analysis of the perceptions of the participants will increase knowledge of (a) what nurses believe about orientation programs, (b) at what point in the orientation program readiness is perceived to occur, (c) the
opinion of nurses about their employer's expectation, (d) how adult learning models may or may not be reflected in the orientation program, (e) the nature of the teacher-learner interaction, and (f) the compatibility of perceptions between teacher and learner.

The American Nurses Association (ANA) Ad Hoc Committee on In-Service Education/Staff Development in 1978 published the following definition of orientation:

The means by which new members are introduced to the philosophy, goals, policies, procedures, role expectation, physical facilities, and special services in a specific work setting. Orientation is provided at the time of employment and at other times when the role expectations or work setting changes. (O'Connor, 1986, p. 287).

Orientation for nurses generally takes place within the Staff Development Department. This department is responsible for both formal and informal learning activities related to the employee's organizational role. The offerings may take place within or outside of the employing organization. The department has two components: (a) orientation and (b) continuing education. Continuing education includes learning opportunities to maintain, increase, or acquire skills or knowledge the employee needs to perform the expected role.
Orientation, however, is the event central to this study. The orientation program may be a formal, technical, highly individualized program carried out by specially credentialed instructors, or it may be a brief introduction to the work setting and co-workers by the supervisor or another employee.

Orientation is a socialization process involving a role transition (from outside person to organizational person or employee) and new role integration (assimilation of organization's expected role) within a specific time period. The role of the employing organization in the socialization process is to provide information and evaluate the transition. The evaluation may occur as late as nine months to one year after the orientation period. Thus, the employee and employer have time to attain mutual goals.

How do the participants of an orientation program perceive the process? What behaviors will participants demonstrate to the instructors or employer? What are the perceptions of orientees being processed into an organization? Pierce (1986) found that orientees voiced "confidence and a more relaxed feeling" (p. 211) after their orientation. Heatwole (1984) turned the orientation process into a board game and received excellent post-session evaluations. Huang and Schoenknecht (1984) developed individualized orientation programs with contracts and after
one and a half years had a highly motivated, self-confident employee.

This study explored perceptions of the orientees and orientation instructors while engaged in the nursing orientation programs of two urban organizations.

Research Questions

(1) How do the participants of orientation perceive the process?

(2) What are the opinions of the participants of orientation as they are taking part in the program?

(3) How do new nurses perceive the effectiveness/ineffectiveness of the program to prepare them for the expected organizational role?

(4) At what point does the orientee perceive readiness to assume the expected role?

(5) In what ways does the orientee demonstrate readiness to assume the expected role?

(6) How is the orientee introduced to:
   organizational structure,
   organizational role expectations,
   organizational climate, and
   organizational sanctions?

(7) Does the use of constructs appear in post orientation interviews?
Significance

This study explores the perceptions of orientees and orientation instructors while they are engaged in their nursing orientation program. Qualitative analysis of the internal process of orientation within a bureaucratic structure can reveal interactions, processes, and variables for more extensive study. There are several reasons why such an analysis is significant. The success of the orientee in a particular organization is dependent on how well the expected role is learned.

Failure to learn one's expected role may result in resignations and/or burnout, and it may jeopardize future opportunities for attaining a desired position. Sponsors and employing organizations invest a sizable amount of money in the orientation process; subsequently, the well informed employee promises to be cost effective.

Instructors of orientation programs are responsible for providing information and activities to enable the new employee to learn the role. The instructors need to know what behaviors, gestures, and verbalizations indicate that the expected roles have been internalized by the orientee. In addition, the development of adult learning theory has given providers of orientation programs a different base upon which to prepare their offerings. Emphasized are such concepts as assuming responsibility for one's own learning,
recognizing needs and achieving self-motivation, and self actualization. Application of these concepts has increased the number and sources of educational programs. However, what remains unanswered is the salient question of understanding what is communicated and internalized in the orientation process. It is anticipated that the analysis of perceptions of participants in the process will reveal themes that can be synthesized into hypothetical statements. Subsequent models may be useful to developers of orientation programs as a basis for formulating lists of terminal behaviors and language cues which suggest acceptance of the expected organizational roles.

Conceptual Framework

The conceptual framework that underlies this study is that the hospital is a social system with a hierarchical setting that strives to attain certain goals. The success of the organization depends on the manner in which the individual in the organizational role fulfills the role expectation. The roles define the organization and represent the occupations and services provided within the organization.

The social systems theory of administration by Getzels and Guba (1957) explains the purpose of orientation. This theory describes two dynamic interacting dimensions. One dimension represents the individual or employee. The other
Orientation is necessary for positive interaction of the two dimensions.

Design

This descriptive case study explored orientation in two urban hospitals as it was perceived by the participants. The participants were observed and interviewed during and at the end of the orientation program.

The five components essential to case study research identified by Yin (1984) were adhered to in this study. These components are (a) the study's questions (research questions), (b) propositions, (c) units of analysis, (d) the logic linking the data to the propositions, and (e) the criteria for interpreting the findings.

Propositions

The propositions for this study are:

1. Organizations provide orientation programs in order to get new employees to move smoothly into their organization and carry out its functions.

2. New employees participate in orientation programs because they want to function to the best of their ability and as expected by the organization in their new job.

3. The most beneficial role transition for the new employee involves integration of personal goals and expected organizational roles.
4. Dissonance between individual goals and expected organizational roles are observable in orientation.

Units of Analysis

The units of analysis for this study are (a) the orientation program, (b) the orientees, and (c) the orientation instructor(s).

In order to explore the orientation program, it is necessary to examine the participants of the program as well as the three aspects of the program. These three aspects are (a) the design of the program, (b) the implementation of the program, and (c) the evaluation of the program.

Data Analysis

The fourth and fifth components of the research design, the logic linking the data to the proposition and the criteria for interpreting the findings, represent the data analysis portion of the study. The analytic technique of pattern-matching was used to link findings from the data that form a pattern to each of the four study propositions. Pattern matching is a technique which compares an empirically based pattern with a predicted pattern (Yin, 1984). Data collected for this study was matched through use of the study's objectives. The objectives of this study's design relate to the propositions of the study which were derived from the conceptual framework. The objectives suggest a variety of possible outcomes for the collected
data. These suggested outcomes when restated as predictions are comparable to non-equivalent dependent variables found in quasi-experimental research designs. Through this process, the study has specified non-equivalent variables with a predicted pattern. Yin (1986) states, "If, for each outcome, the initially predicted values have been found, and at the same time alternative 'patterns' of predicted values have not been found, strong causal inferences can be made" (p. 103).

The same predictions were used for each of the cases in this study. A literal replication of the research method will be accomplished, an act similar to repeating an experiment. Predictions for the case must be stated prior to the start of data collection to be relevant for pattern-matching in a descriptive case study (Yin, 1984). Each case study was conducted (observations, interviews, and document examination), pattern-matching for that case done, and a report compiled. A cross-case analysis was conducted and conclusions drawn from the cross-case analysis.

Objectives

The objectives of this study were to describe:

1. Opinions expressed by orients as to the effectiveness, perceived meaning, and interpretation of the orientation experience;

2. The emotional response experienced by the orientee
about the new employer's expectation of him or her;

3. The first perception of readiness to assume the expected organizational role experienced by the orientee;

4. The perceptions of the orientation instructors about the process in which they are involved;

5. The behaviors exhibited by the orientee during the orientation program which indicate to the orientation program instructor the new employee does not understand the expected role and needs retraining;

6. Language cues and phrases used by the orientee which indicate understanding and preparation to assume the expected role;

7. The time in the orientation program that the instructor perceives the orientees are ready to assume their role;

8. The behaviors exhibited by the orientee at the end of the orientation program that the instructor perceives indicate the organizational role to be assumed is understood.

9. The process by which organizational values and role expectations are communicated to the new employee.

**Definition of Terms**

Orientee - newly hired nurses participating in the orientation program.

Orientation instructors - nurses hired by the hospital
and assigned to give instruction to the newly hired nurse on their role in the organization.

Perceptions - the result of sensory input from the environment that is differentiated and has meaning for the learner (Craig, Mehrens, and Clarizio, 1975).

Dissonance - a state of psychological discomfort that propels the individual to attempt a more consonant state (Yalom, 1975).

Limitations

How and why the orientees selected the organization was not germane to the study. Events and factors instrumental in the selection of the organization were therefore not investigated.

The time frame for the data collection was within the first three weeks of employment. This time frame was not adhered to in Case A because the organization required additional preparation for the orientees' expected role. This was an unexpected event. When unexpected events occur during case study research, the investigator is required to be flexible and collect data without controlling the phenomena being studied. The investigator in this study, therefore, extended the time frame for the final interview until the additional preparation was finished.

The case study reported was conducted by a single
investigator. The investigator followed principles of the research method of Yin (1986), who supports single investigator research. However, the subjectivity and selective attention of the investigator are acknowledged as influences in arguing the support of the study propositions.

The conclusions arrived at in this study are based on data collected in two large urban hospitals. Both hospitals had more than five hundred beds but fewer than six hundred beds. The size of the hospital is cited as a limitation because the degree of sophistication and resources extant in Staff Development Departments in large hospitals may have influenced the responses of the participants.

In case study research, a contemporary phenomena is studied in its natural context when the impact or importance of the phenomena is not clearly evident and multiple sources of evidence are gathered in order to better understand the phenomena. This case study reported the phenomena of orientation. The context was two urban hospitals. Evidence was collected from six nurse orientees and four orientation instructors and the documents used for the orientation program. In case study research, the number of participants involved in a phenomena is not as important as it is in quantitative research. It is mentioned here as a limitation because the size of the class may have influenced the consensus of responses reported.
CHAPTER 2

REVIEW OF LITERATURE

The review of literature explores areas crucial to the research questions. These areas are related in that each contributes to the understanding of a general idea: A bureaucracy must socialize its new members into its way of operation via a change process called orientation. The change involves adults learning. Therefore, assumptions from adult learning theory are included. Areas covered in the review are: (a) the conceptual framework, (b) the hospital bureaucracy, (c) the change process, (d) application of adult learning theory in orientation programs, (e) the influence of organizational climate on the employee, and (f) results of orientation.

Literature reviewed for the study covers a 23-year period (1967-1990). This time period gives a manageable amount of information that is meaningful for today and in the future. The research cited are presented in chronological order. Occasionally where coherence of thought would be lost, chronology is sacrificed.

Conceptual Framework

The conceptual framework that underlies this study is that of the hospital as a social system with a hierarchical
setting that strives to attain certain goals. The success of the organization (hospital) depends on the manner in which the individual in organizational roles fulfills the role expectations. Behavior for specific roles is established by the organization in relation to other expected behaviors in reciprocal roles. Responsibilities and privileges accorded to the organization are controlled by the ability of the organization to impose appropriate and positive sanctions.

The social systems theory of administration by J. W. Getzels and E. Guba (1957) explains the purpose and process of orientation. This theory explains orientation as a function of the administration process. It is:

... conducting social behaviors in a hierarchical setting. Structurally, it is a series of superordinate-subordinate relationships within a social system. Functionally, it is the locus for allocating and integrating roles, personnel, and facilities to achieve the goals of the system. (p. 424)

Getzels and Guba state that the social system has two dynamic, interacting dimensions. The first dimension, the nomothetic, refers to the organization. The organization is defined by its roles. Roles are defined by expectations designed to fulfill the goals of the organization.
The second dimension, the idiographic, refers to the individuals employed by the organization to fulfill the roles. These individuals have personal goals which they express through their personalities and pursue according to their needs dispositions. Social system, as used in this theory, is a conceptual term, and as such can apply to any level of human interaction. The other terms (role, role expectation, personality, and needs dispositions) are also conceptual representatives of the system for analytic purposes (Sergiovanni & Starrat, 1979). The roles define the organization and represent the occupations and services provided within the organization. Role expectations are the duties and responsibilities attendant to each role. Personality refers to the dynamic organization of needs dispositions. Needs dispositions are the way the individual acts and reacts to situations, people, and things; and the consequences of these actions (Getzels & Guba, 1957, p. 426).

The individual tries to cope with the behaviors expected in the organizational role in a manner that is consistent with his or her personal needs dispositions. When the individual can fulfill the role expectations and his personal needs, he or she is said to be adjusted and integrated. Behavior is then a product of the interaction between personality and pre-established role expectations.
The following figure represents the theory of Getzels and Guba (1957, p. 433):

**Nomothetic Dimension**

<table>
<thead>
<tr>
<th>Organizational Role</th>
<th>Role Expectation</th>
<th>Organizational Goal Attainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social System</td>
<td></td>
<td>Behavior</td>
</tr>
<tr>
<td>Individual</td>
<td>Personality Needs</td>
<td>Individual Disposition Goal Allowance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This perfect balance between the interacting dimensions is the idea behind orientation programs. The organization, by providing orientation, attempts to gain conformity to its role expectations. Nurses, by participating in orientation, increase their knowledge of the organization, thus meeting their needs dispositions for keeping the job they sought (organizational role). The following figure applies this theory to the proposed study:

**Orientation**

<table>
<thead>
<tr>
<th>hospital</th>
<th>Staff Nurse Positions</th>
<th>Job Requirements Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social System</td>
<td></td>
<td>to organization</td>
</tr>
<tr>
<td>Nurse (Orientee)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>need to practice profession</td>
<td>job seeking behavior job keeping behavior integration</td>
<td></td>
</tr>
<tr>
<td>wants job</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each new nurse entering a hospital must make a role...
transition from outsider into the expected organizational role. The most beneficial transition involves an integration and intermingling of organizational expectations and individual goals. Orientation programs are designed to facilitate this transition. The event central to this study is nursing orientation. Nursing orientation programs exist to:

1. indoctrinate newly employed nurses, and
2. assist them in fitting into the organizational hierarchy.

The indoctrination (orientation) is based on information the organization believes the new member needs to know to function (role expectations). Organizational history, philosophy, policy, goals, operating procedure, and similar information form the basic content. Job descriptions, nursing standards, and assessment of nursing skills complete the content. Such programs are best presented within a framework consistent with adult learning theory.

The Hospital Bureaucracy

This investigation is guided by the concept that orientation is a function of bureaucracy and participants in orientation programs have perceptions and beliefs about the process and the organization. This section of the review of literature documents how hospitals adopt bureaucratic characteristics.
All organizations have imperative functions that become routinized over time. The functions are said to be organizationalized and the organization that carries out the functions are called organizations. The organizations are composed of roles which establish normative behavior for the individual occupying the role. The normative behavior is defined by the expectations attached to each role (the rights, privileges, and obligations) which anyone in the role must perform (Getzels, 1970; Jackson, 1980).

If the social system could exist without human involvement all roles would be carried out smoothly and mechanically. But in actual practice, roles are implemented by human beings and no two human beings are alike and differences in performance occur. Each human being changes the role to some extent by his/her personality. In order to understand organizational behavior, one must consider organizational roles and expectations as well as personality and dispositions of the individuals inhabiting the system. Behavior in a social system must be viewed as the complex of interactions between the individual role and the individual personality and among the patterns of roles and the patterns of personality (Getzels, 1970).

The organizational dimension of the organization refers primarily to bureaucratic expectations of positions within the organization. Formal organizations choose a few
bureaucratic expectations that are consistent with its goals. The selection of relevant bureaucratic expectations for an organizational role prevents problems arising from the role occupants' other alliances, both inside and outside the organization. Bureaucratic expectations include rules and regulations or policies, guidelines, assignments, and job descriptions. The expectation that the new member possesses a certain expertise or body of skills is called specialization. Specialization is then a complement to the rules, regulations, etc. Under this description, a nurse is expected to act according to hospital rules and show nursing skills in his or her role as care giver in that hospital.

On the second dimension of Getzels and Guba's system model, Hoy and Miskel (1987) see work motivation as the most relevant factor. This facet of personality is most instrumental in determining the individual's role performance.

Hospitals become bureaucracies over time as their services become routinized and impersonal. The bureaucratic identity is further established when certain behaviors are ascribed to roles within the organization. Employees hired for those roles must assume these behaviors. Nurses have problems in bureaucracies because their education prepares them to think independently and give holistic care (Brown, 1984).

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While keeping the basic elements the same, this is a representation of the social systems theory of Getzels and Guba according to Hoy and Miskel (1987, p. 62):

**Nomothetic Dimension**

<table>
<thead>
<tr>
<th>Bureaucracy</th>
<th>Personality</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hierarchy of Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rules and Regulations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Work Motivation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs</td>
<td></td>
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</tr>
<tr>
<td>Behavior</td>
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</tbody>
</table>

**Idiographic Dimension**

Porras and Harkness (1986) have explained organizational change in the following manner: organizations consist of various elements which make up the overall environment for its members. These elements taken together send members cues on how to behave on the job. The individual's expectations about consequences for some behaviors and one's ability to perform to organizational expectations are additional cues received. Environmental cues and constraints interact with needs, desires, and abilities of the members who eventually behave in different ways in the work setting. The collective behavior of the members influence organizational performance and individual development and vice versa (p. 22).

It is only when key or pivotal values of the organization are shared across the various levels in the organization that a value system or organizational culture
exists. Ideally, these values are internalized by the organization's members and become the guide for behaviors independent of rewards or consequences. To maintain itself and preserve the value system or organizational culture (climate), the following acts must occur (Weiner, 1988):

1. Identification of new members who will adapt to the organizational climate. This is accomplished by way of recruitment and selection.

2. Transmission of organizational care values to the new members. This is accomplished by organizational socialization (orientation).

3. Renewal and support of the existing value system via rites and rituals (rewards, sanctions, promotion, etc.) (pp. 343-345).

Organization interventions change system elements so that they send organization members messages about which behaviors are desired and will be rewarded. If behaviors are influenced by the organization's environment, then changing the elements should lead to altered on-the-job behavior. The more consistent the pattern of new messages is to behaviors contributing to organizational goals and personal development, the more likely members are to behave in the desired way (Porras & Harkness, 1986).

Hospitals exist to provide a service in the community. To provide the most efficient service, hospitals adopt
characteristics of bureaucracies. Hospitals deal with conflict between individual needs and bureaucratic dictates by establishing the primacy of the organization. After this act is completed, the organization systematically works to shape the behavior of its personnel to conform with the organization.

The Change Process

Socialization into the organization is achieved via orientation. The organization's effort to produce in its members the required role behaviors for satisfactory performance in its structure is called bureaucratic socialization (Hoy and Miskel, 1987, p. 72). Bureaucracies make organizations rational (predictable) so that inputs (patients and services) and outputs (revenues and satisfaction) can be forecasted and evaluated to provide services for the population. Lines of authority remove uncertainty about who is in charge. All of the above tend to preserve the status quo. Nurses experience conflict in bureaucracies because what they are taught represents professional practice. Nurses are taught to make decisions, function independently, work for change and express concern for others. Allegiance is first to one's professional goals rather than the organizational goals. Conversely, routinization and impersonality are characteristics which typify the bureaucracy. These characteristics are the
antithesis of holistic care (Brown, 1984).

Bennis, Benne, and Chin (1969) have defined planned change as a conscious, deliberate and collaborative effort to improve the operations of a human system through the use of scientific knowledge. This system may be a self-system, social system, or cultural system. It is the application of appropriate knowledge in human affairs for the purpose of creating intelligent action or change. Employee orientation programs are by this definition planned change. Orientations are planned through the deliberate and conscious effort of the Staff Development Department (collaboration), to help the new member (a self-system) make the transition smoothly (a change) into the hospital (a social system), by presenting information about the hospital and the role the new employee is to fill (appropriate knowledge). The first step in the process of bureaucratic socialization is orientation. Tobin (1976) has defined orientation as the introduction of the individual into a new situation. It is the employer's attempt to make the new employee aware of its philosophy, goals, policies, procedures, personnel benefits, role expectations, and physical facilities. It is in essence the who, what, when, where, and why specific to that agency (p. 35).

In order to effect change in an organization, it is necessary to understand its norms, values, symbols,
language, assumptions, and behaviors that guide its daily work. Des Rosier and Zellers (1989) refer to these factors as components of the organizational culture. An understanding of organizational culture gives insight into the uniqueness of the organization. This understanding enables planners to design programs based on the organizational culture. Since these programs are aligned with the norms and values of the organization, they should have a positive influence on the work of the organization.

In an attempt to gain conformity to expectations by increasing the nurse's knowledge of her role in a specific organization, Fredrick (1981) suggests areas in the orientation program to concentrate on and/or expand. These include:

1. Involve unit personnel, such as head nurses and supervisors, in the orientation program. This will establish a free flow of communication and designate relationships during orientation that show the new employee the people as well as the process to work through when problems occur in the future.

2. Involve enough staff and supervisory personnel in addition to staff development personnel so the new employee knows the role expected of him/her in the organization as well as policies and procedures.

3. Use either a subjective or objective analysis
of the orientee's deficiencies and needs (p. 46).

Weisman, Dear, Alexander, and Chase (1981) concluded their research on employment practices of nurses by recommending to administrators specifics on orientation. These researchers recommended, "orientation programs for newly hired nurses . . . should focus on acclimating the nurses to particular aspects of the hospital and to specific organizational factors that affect their performance in the new work environment" (p. 191).

The orientation program is provided by the employer to establish a good relationship between new employees and the organization. This relationship is important for fostering the needs of the individual as well as for effectively meeting the organization's objectives (Sovie, 1982). Orientation may be viewed as a two part process (Levinson, 1968). Part one is named reciprocation and is defined as the fulfillment of mutual expectations and satisfaction of mutual needs. The individual and the organization find each other and become a part of each other. The psychological contract between individual and organization emerges. The second part of the process is identification. This part of the process is learning how to behave and what to become. Identification is more than imitating a role model. It is the adoption of selected aspects of the model which fit the person who is identifying and which will further his
maturation in the organization. The process of identification is important to the employee's need fulfillment and socialization in the organization (pp. 56-57).

In summary, the literature suggests that socialization into the bureaucracy is by way of a planned change called orientation. The organization initiates the change in order to define what is and is not acceptable. The primacy of the organization is established early and all behaviors must conform to this concept.

Application of Adult Learning Theory in Orientation Programs

The central focus in this investigation is the orientation process, and it is only in this context that adult education will be discussed. Support from the literature was sought for the view that adults learn differently from children and information about this difference should shape orientation programs.

A key concept of learning is the individual's reason or motivation for learning. Craig, Mehrens, and Clarizio (1975) summarized basic concepts from self-actualization theory. The theorists quoted were Maslow (1959), Rogers (1963), Combs and Snyg (1959), and Allport (1955). All of these theorists viewed self-actualization as the maximum development of one's potential as an individual human being,
and as such, self-actualization should be the only reason individuals involve themselves in learning activities.

Basic assumptions concerning adult learning contribute to the need for role specific orientation.

Assumption 1 - The readiness of an adult to learn becomes oriented increasingly to the developmental tasks of his social role (Knowles, 1970). The social role of the nurse includes his/her work role or organizational role. Assumption #1 suggests that to enhance and maintain this role, the nurse will participate in learning programs related to it.

Assumption 2 - The adult's time perspective changes from one of postponed application and accordingly from one of subject correctness to one of problem centeredness (Knowles, 1970). Continuing education programs deal with work problems. Therefore, the information gained may be immediately applied to problems in the work setting, thus stimulating participation by staff nurses.

Gessner (1989) described guidelines she used for one group of adult learners based on Knowles' assumptions about adult learners. She believes that as individuals mature, they take control of their lives fostering movement from dependence to independence. Temporary reversals may impede independence for a while. Once these reversals are overcome, the spirit of independence reoccurs. Adults want
to participate in their education. This participation may take the form of collaboration and decision making about the learning. For these reasons, teachers involved in adult education must be prepared to involve adult learners in selecting objectives, teaching strategies, and selecting indicators of achievement.

According to this author, the past experiences of the adult should be investigated to find those positive past experiences in an attempt to overcome any negative events that could block learning. In recognition of the learning assumption regarding readiness to learn, Gessner suggests teaching sessions with adults should begin with clear statements of how and why information is useful.

While Gessner (1989) is proposing a collaborative teaching method, Pratt (1988) has cautioned against total reliance on this method. His recommendation is based on two studies which he states demonstrates that situational variables need to be considered when preparing offerings for adult learners. In situations which adults have expressed purposes and relevant goals, a collaborative method is not best. The studies cited involved adults enrolled in a certification program and a General Equivalency Diploma (G.E.D.) program. Learners in both studies expressed a preference for instructional strategies that helped them achieve their purpose for taking the course and provided
them with relevant content to supplement their prior knowledge. These learners had used their self-direction ability in electing to take the courses. Once enrolled, the learners became other-directed and goal directed. The learners in the certification course recognized the need for a highly organized content focused presentation. The G.E.D. students were focused on the immediate goal of passing the G.E.D. examination.

Pratt (1988) believes that it is the ability and predisposition of the learner to consider alternatives, reflect on consequences, and to choose when to exercise or abdicate control over valued functions that determine self-directedness and autonomy in the learner.

Arndt and Underwood (1990) discussed the role of experience in adult learning according to Kolb's (1984) learning style theory. He believes that because adults do not present themselves in a learning situation as a blank slate, the teaching goals are different. The adult learner brings to each topic preconceptions that may be inadequately formed or erroneous. The goal of teachers in these situations is to help the learner refine accurate preconceptions and discard inaccurate ones. He conceives learning as an adaptive human process whereby experience serves as a constant modifier of new knowledge.

Recently an adult learning theory has been espoused by
Mezirow (1979) referred to as a perspective transformation. In this theory Mezirow states that individuals have personal paradigms or meaning perspectives that structure the way they experience and interpret their world. Perspective transformation is the process whereby the assumptions, values, and beliefs that create a meaning perspective come to the conscious mind and are reflected upon or analyzed. The process requires slowly accepting new perspectives with attendant assumptions, values, and beliefs. The new perspectives then generate basic structural changes in the way adults see themselves, relate to others, and their world. This theory has been attacked (Collard & Law, 1989) because it fails to address social and environmental factors adults must contend with when the decision is made to enter a learning situation. Mezirow (1989) defends his theory by stating his main focus is to define meaning, a concept he finds missing in most adult learning theories.

Regardless of its deficiencies, Rogers (1989) believes Mezirow's theory (1979) has merit for designing selected nursing education programs. Her suggestions include: (a) having teachers use strategies to create awareness of existing meaning perspectives; (b) using language that creates a shared meaning; (c) using writing exercises to illuminate and raise their consciousness of personal beliefs, values, and assumptions; and (d) using inductive
approaches to identify perceptions, beliefs, and actions to help the individual expose meaning perspectives (p. 114).

In summary, adult learning theorists have listed and described how and why adult learning is different. Recognition of these differences should serve as the basis for adult learning programs. Newly hired nurses will participate in educational programs that provide them with immediately applicable skills and knowledge and will seek related education to assist them to fulfill their particular social role.

The Influence of Organizational Climate on the Employee

The employing organization seeks to influence the new employee's behavior by providing orientation. The concept of organizational climate is introduced to the new employee in orientation. This investigation found support for the application of the organizational climate concept to hospitals and for the need to establish interactions within the organizational climate.

In their study of organizational climate and leadership, Kozlowski and Doherty (1989) synthesized a definition of organizational climate, explained its conceptualization by the individual and identified a relationship between leadership in organizational climates and employee behavior. According to these researchers,
organizational climates are "sets of perceptually based descriptions of relevant organizational features, events, and processes" (p. 551). Factors from this climate are responsible for motivating the individual and determining individual behavior. The individual in the organization interacts with other individuals of the organization and with the individuals' own perception of the organization. This interaction provides the individual with a perceived meaning of the organization. The individual's perception then becomes the determinant of the individual's response to the organization. This study looked at the nature and quality of relationship between leaders and subordinates to determine if there was a link to organizational climate. In the group that had discretion, trust, and better communication with supervisors, there were positive perceptions of the organizational climate, more beliefs of responsibility for the work, favorable perception of management, and better communication than the group who did not have a quality or reciprocal relationship with supervisors. Their findings indicate that leadership acts to mediate and structure perceptions of relevant organizational features, events, and processes.

As stated earlier, orientation programs present material about the organization to the new employee. The concepts and doctrines upon which the program is built
establish for the new employee the psychological environment in which he/she will work. This psychological environment has been labeled the organizational climate (Pritchard and Karasick, 1973). Several researchers have documented the nature and effect of organizational climate on the employee and his performance.

Wallace, Ivancevich, and Lyon (1975) used the Occupational Climate Descriptive Questionnaire (OCDQ) modified by Margulies (1965) to assess climate in two hospitals. The climate domains mentioned are defined as:

Esprit - measures satisfaction with on the job social needs fulfillment and enjoyment of task accomplishment.

Thrust - measures staff motivation by management setting an example.

Disengagement - refers to employees who are not emotionally connected to their assigned tasks.

Production - emphasizes management behavior that is highly directive and insensitive to feedback.

Consideration - management treats workers as human beings.

Hindrance - a feeling by workers that they are just doing busy work, not meaningful tasks.

Intimacy - closely associated with esprit but does not involve task accomplishment (p. 84).
The research of Wallace, Ivancevich, and Lyon (1975) revealed two domains appropriate for analyzing hospital climate. They interpreted these first, as consideration needed on the part of both supervisors and co-workers in the direction of and facilitation of work activities. This was based on measurements on the scales that measure esprit, thrust, production, and consideration. Second, the degree of formality surrounding tasks and social interactions can predict employee behavior. This interpretation was based on responses obtained on the scales that measure hindrance and intimacy. These findings have important implications for the organization. The implications here are that the interaction between the work environment (organization) and work personalities (role expectations) is extremely important in determining attitudes and behaviors in response to the organization. The organization in this study is represented by supervisors.

Schneider (1973) described a congruence between expectations of new employees and the perception of the organization by established personnel. His data suggested the possibility that established workers provided realistic information about the organization to the prospective employee. This knowledge then enabled the new employee to bring expectations in line with agency expectations or seek other employment.
Following a study on nurse retention in northeastern organizations, one of Pilette's (1989) recommendations was preparation of the employees the new recruits will work with. Her rationale was if older employees felt the orientees were getting preferential treatment and they were required to shoulder additional responsibilities while the new nurses were adjusting to the organization, organizational retention efforts could get thwarted. To diminish possible sabotage and opinions of resentment, the author suggested brief unit meetings to give information about the new nurses, let employees express their opinions, ask questions, and discuss their concerns both before and after the new nurses arrive on the unit.

Schneider and Hall (1973) have also found that in forming perceptions of the organizational climate, the individual acts as an information processor. The individual uses inputs from events, experiences, and organizational characteristics in the information processing. Organization climate is therefore a reflection of the interaction of personal and organizational characteristics and as such may affect the day to day job experiences of the worker.

In a later study, Schneider (1974) found in studies done on perceptions of organizations that series of events or experiences form the individual's perception. Some of these events and experiences may be relayed to the person by
others in the organization. The series or summary of perceptions by the individual serve as a basis for his behavior toward the organization. The longer a person has positive summary perceptions of an organization the more difficult it is for the person to leave the organization. Therefore, the earlier in the association the individual begins positive summary perceptions, the more likely the individual is to behave positively in the organization.

The influence of organizational climate on job satisfaction was studied by Pritchard and Karasick (1973). Their study provided strong evidence that satisfaction relates positively to the individual's perception of supportiveness and friendliness in the climate. Other characteristics of the climate perceived by the individual that lead to job satisfaction were: (a) how well the climate deals with operating problems and competition, (b) how employees are rewarded, and (c) the degree of democracy achieved in the organization (p. 145).

Earlier support for the influence of climate and satisfaction was obtained from the findings of Friedlander and Margulies (1969). Their study indicated that organizational climate is a significant determinant of individual satisfaction. According to this finding, climate is a social or interpersonal phenomenon and either facilitates or restrains the employee's sense of involvement.
with the task. Second, the degree of impact of climate on satisfaction varies with the type of climate and type of satisfaction - specific types of climates augment or deter different kinds of satisfactions. Climates high in esprit and thrust produce satisfaction with the interpersonal and social environment while at the same time reduces burdensome routine requirements. And third, the work value held by the individual adjusts these different climate effects in a complex manner. For instance, workers to whom work is less meaningful find a climate high in esprit and low in disengagement can lead to satisfaction. These authors used three instruments to measure in their study. These instruments were a revised OCDQ, and a sixteen item Likert-type questionnaire to measure work value and work satisfaction values.

Organizational climate is the psychological environment the new employee works in. Behavior of the employee can be predicted from aspects of the organizational climate. The earlier the employee has positive experiences or events in the new organization, the less likely he/she is to leave. Employees who perceive administration as supportive and friendly experience job satisfaction. The organization has some responsibility for helping the employee adjust.

Results of Orientation

Orientation explains to new employees the
organization's expectations. Questions evolving from the above statement and linked to this investigation are: Does orientation promote or establish any other behavior? Is the behavior perceived as useful by the employee or the organization? What previous research has established in regard to these questions will be considered here.

Job satisfaction has been identified as an outcome influenced by positive perceptions of the organizational climate (Bruckus, 1984; Donohue, 1986; O'Connor, 1989). If the organization wishes to retain those employees they have hired, it becomes incumbent on the organization to provide the elements for job satisfaction. Lyons (1971) suggests, "If a hospital administrator is concerned with propensity to leave, tension, and dissatisfaction, he might do well to provide information and role structure . . . either selectively or on a general basis" (p. 106). This statement assigns to the organization responsibility to help the individual meet his/her need rather than the responsibility for adjustment wholly on the individual. Other support for this statement comes from the research findings of Miller (1967), who concluded that, "alienation from work is a consequence of the professional - bureaucratic dilemma" (p. 766) for professionals in science related occupations.

A contributor to job satisfaction is role clarity. Pieta (1982) developed a study based on principles of
professional and organizational stabilization. She learned that differences in role concept may well be a factor in the difficulty nurses experience in the transitional phase of employment. Pieta found that frustration encountered in this period immediately following orientation led to turnover. Further, she noted, the greatest discrepancy occurred in the service role concept or what the organization's expectations of the nurse were as opposed to what the nurse's concept of her role was.

Seybolt (1986) used a specially designed model to study job satisfaction/job dissatisfaction behavior of turnover in nurses at a western hospital. A component of the model labeled interactions used feedback and role clarity as measurement variables. Role clarity measurement was based on role ambiguity, role conflict, and role dissension. These qualities were defined as: role ambiguity - uncertainty as to what one's role entails; role dissension - lack of agreement with supervisor about work-role duties; and role conflict - incompatible role requirements or various role requirements that are incompatible for the individual (p. 28). Seybolt found that job dissatisfaction behavior in the form of propensity to leave occurred at different times in the nurse's career, the most immediate being six (6) months to one (1) year after employment. Except for role conflict, each of the measures infers a
responsibility of the organization to make its expectations clear and understandable as soon as possible.

The need for clear definition of role expectations was recommended also by Carey (1982) following her study on work responses of newly promoted nurses. She found significant differences in several components of professional need fulfillment (professional recognition, social recognition, organizational usefulness, and pay compensation) among her subjects. Her recommendations suggested that, "hospitals clearly defined role expectation . . . and provide preparation for those promoted" (p. 79). Taylor and DeSimone (1983) reported an increased willingness to perform, greater appreciation for charge nurse positions, and less stress when required to perform as charge nurse by nurses who have been in a mini-management course. These nurses were prepared in a hospital based, hospital financed 12.5 hours course during the nurse's regularly scheduled duty tours. The course stressed the organization's expectations of them when they were required to act as charge nurse during emergencies.

A summation of the interrelation of role clarity as a factor in job satisfaction and organizational climate comes from the work of Corwin, Taves, and Haas (1961). These authors believe that job satisfaction seems to be related to role consensus or clarity in terms of the amount of social
support available for the self concept and the clarity and consistency of role definition. The image of nursing is important but lack of clarity or role definition and lack of social support for the self are of importance in producing job dissatisfaction. This dissatisfaction may or may not result in conflict between supervisors and nurses. When conflict does occur, the nurse may still not experience job dissatisfaction if she has a clear understanding of her role, her rights, and obligations.

Another factor involved in the complex of factors that create job satisfaction identified in another research study is "sufficient opportunity for professional growth" (Munro, 1983, p. 25). McCloskey (1974) found that nurses desire opportunities to attend seminars and workshop type educational programs where they can exchange ideas with other professionals. Seybolt, Pavett, and Walker (1978) stated that nurses were frustrated because their need for professional growth on the job was not met. A study at Johns-Hopkins Hospital revealed that job satisfaction was higher in nurses who felt they had adequate time on the job for professional development (Weisman, 1982). In order to reduce nurses' discontent, Ginzberg, Patroy, Ostow, and Brann (1982) suggested that "hospitals make provisions for educational programs for career nurses so that all who are able and interested have the opportunity for upgrading their
professional knowledge and skill" (p. 11). Kernaghan (1982) has suggested that hospital administrators who wish to retain effective, motivated, loyal employees must provide a work environment (organizational climate) that rewards without placating the employee. The environment should respect and recognize the employee's skill and ability to develop policies that govern their work. Pearson (1987) found that participative goal setting had beneficial results. He found that developing work methods that are more personally rewarding and less stressful (participative goal setting) are associated with improved performance and job satisfaction.

"A feeling of belonging" was described by respondents in a study conducted by Alcock, Harrison, and Lorimer (1988, p. 29). The study involved use of a special instrument developed for orientation. The instrument was presented early in the program and clarified expectations of required skills and knowledge, served as the evaluation mechanism and identified learner needs for further study. The respondents had an increase in security attributed to this practice.

A study of job satisfaction conducted by the Nurse's Society of New Zealand revealed some dissatisfaction among nurses but not with nursing as a profession. Their dissatisfaction is caused by "peripheral organizational factors such as inadequate staffing, poor leadership, and
keeping up to date" (Willis, 1980, p. 7).

Similar sources of dissatisfaction from organizational factors were identified in a recent study done by Landstrom, Briodi, and Gillis (1989). This study involved nurses voluntarily leaving selected hospitals. A list of factors contributing to the nurses' decisions to leave were compiled. Heading the list was conflict between nurse managers and the nurses leaving the organization. Other entries on the list were lack of staff cohesiveness and support, inadequate educational opportunities and lack of career advancement opportunities. Kramer and Hafner (1989) found staff nurses interpreted levels of job satisfaction and quality of care given by them to their relationship with administration. These staff nurses expressed the need for support from supervisory staff, acknowledgment of their contributions to improve care, and a desire to work with competent nurses. To these nurses, their greatest source of dissatisfaction was the level of responsiveness of management.

Russell and Farrar (1978) found that job satisfaction is predictable and does not rely on an interaction between beliefs about the job. Their research found satisfaction to be influenced by an additive but not interactive combination of beliefs. Therefore, the bureaucracy need only concentrate on factors assessed to be deficient or on those
which cause conflict for the employee in order to increase job satisfaction. It is not necessary to alter factors that are already producing satisfaction. Their findings were also consistent with an earlier study by Gemmill and Heisler (1972, cited in Russell & Farrar, 1978) which concluded greater job satisfaction occurred with beliefs about one's abilities to gain rewards on the job than from external constraints.

Traditionally, the role of nurses is imbued with the idea of self-sacrifice while caring for others. A recent proposal to organizations interested in reducing turnover and burnout in nurses is to teach self-esteem enhancement techniques to its nurses. Husted, Miller, and Wilcznski (1989) believe that nurses cannot provide competent quality care to patients unless they can feel fulfillment and pleasure in their work. According to these authors, self-esteem enhancement frees the individual to admit that they deserve pleasure from their work experience. The techniques should be learned and practice encouraged in the work setting to keep the pleasure of nursing fresh and the self-esteem replenished.

Job satisfaction based on role clarity is an outcome of orientation. Length of employment depends on opportunity for professional growth, participation in planning for the organization, and being able to get rewards on the job.

Certain outcomes such as conflict and turnover are the result of or caused by inadequate bureaucratic socialization. In a formal organization, conflict is possible and probable between the components of the system or between the system and the environment in which it exists (the community). Values of the community may change and require the organization to either change or become obsolete. Conflicts between the organization's expectations and the personalities populating the organization may result in role conflict or normal conflict (Hoy & Miskel, 1987). Role conflict exists when the roles associated with the position in the organization are inconsistent and produce strain. Normal conflict is essentially the same but it occurs in the informal organizational structure.

Filley (1980) describes conflict as a process which takes place between two or more parties that involves differences in values or goals. He also says there are nine antecedent conditions. Presuming the listing is prioritized, the first and therefore most important is ambiguous jurisdictions. Conflicts increase when the parties involved do not know their exact responsibilities or privileges in relation to each other. On a complex level the organization defined responsibilities and boundaries via
organizational charts and job descriptions.

Many new health care disciplines have emerged (i.e., respiratory therapists, mental health workers) in health care over the past quarter century. Some other professional occupations have extended their services into health care (i.e., social work, psychology). The process of diagnosis, assessment, and therapy have become the province of more and more occupational fields, but the means to divide the responsibility of each occupation is not clearly defined. Conflicts occur in relation to the roles and responsibilities of the different occupational groups in the organization. To effectively control and coordinate the organization's activities to fulfill its goals, managers must think in terms of occupational image and role expectations for each group as well as how each staff member perceives the organization's goals and priorities (Fried & Leatt, 1986).

Turnover in the job market is neither new, nor is it all bad. Promotions within an organization is a kind of turnover. It may benefit both the employee and the employer. Other kinds of turnover may save the employer money in benefits such as vacation pay, insurance, seniority, and pay. Turnover at certain levels promotes technology thus benefiting employee, employer, and consumer (Beyers, Mullner, Byrne, & Whitehead, 1983). These kinds of
turnover, while initially disruptive, have desirable long term gains. Baysinger and Abelson (1982) have identified a type of turnover that is beneficial to neither employee, employer, or consumer. The term used to describe it is dysfunctional turnover and is defined as the voluntary separation of an employee the organization does not wish to lose.

There are two major reasons for concentrating attention on voluntary turnover according to Hoffman (1981). First, with the exception of periods of high unemployment, most turnover is voluntary. Even when unemployment is particularly high locally or nationally, most hospital turnover is still voluntary. Second, voluntary turnover is extraordinarily costly and disruptive.

Dysfunctional turnover involves nurses and other employees who are making an adjustment to the organization's environment, are capable of doing the work, have accepted salary and other terms of the organization but find themselves in situations where they do not receive the support, leadership, or responses from the organization they need in order to remain (Buys, 1981; Holloran, Mishkin, & Hanson, 1980; Consolvo, 1979). Nurses who are unhappy in an organization leave. The source of the unhappiness may be the result of a conflict between personal goals and the organization's goals, a conflict with other health care
givers about jurisdiction, or an inability to perceive administrative support.

Summary

Hospitals fit the definition of bureaucracies because the services they are providing have become impersonal and routinized. Nurses prepared to give holistic care and function independently must be socialized into the bureaucracy. The hospital has an obligation to provide an orientation to its new employee. The hospital is obliged to do this because it has very specific expectations of the new employee.

Orientation programs should be role specific. Understanding and applying concepts from adult learning theory facilitates orientation. The overall purpose of orientation is to produce satisfied employees who understand expected roles and will remain employed for a long time. Conflict on the job and turnover are inhibited by orientation.
CHAPTER 3

METHOD OF INVESTIGATION

This investigation sought to identify the perceptions of participants in a nursing orientation program, an educative process, in two urban hospitals. The case study method was used to investigate the research questions of this descriptive study. In consideration of the multiple factors and programmatic components of nursing orientation in the hospital setting, it was decided that the case study was the most appropriate strategy. A similar approach was used by Smith, Meux, Coombs, Ederdam, and Szokie (1970) to study the logic of teaching in a variety of classroom settings.

The rationale for utilizing the case study method was based on the writings of several proponents of case studies. Wilson (1979) proposed case study research as the methodology of choice for describing and analyzing some entity in qualitative complex and comprehensive terms as it unfolds over time. Franklin and Osborne (1971) viewed the case study as a method of organizing and understanding phenomena, and Anderson, Ball, and Murphy (1975) described the case study's merit as facilitating the analysis and description of an organism, organization or phenomena within
the context of its environment.

The design components of this study were based on Yin's (1984, chap. 3) specific methodological recommendations for designing and analyzing case study research. A major thrust of the design was the use of a single investigator as participant observer because case study research requires an investigator with a firm grasp of the issues being studied and the adaptability to recognize the value of unexpected opportunities in the field. The continuous interaction between theoretical issues being studied and data being collected demands flexibility, authority, and knowledge in the investigator. In addition to having these qualities, the investigator in this study was an experienced nurse and teacher.

Although Yin (1984) suggests the use of external observers and participants to test study reliability and construct validity, they were not used in this study. This omission was due to limited financial resources and time constraints of the investigator. The members of the dissertation committee acted informally as external observers. Some disagreement between the investigator and specific committee members regarding evidence selected by the investigator for support of the propositions did occur. However, a consensus of general support for the propositions was obtained.
**Design Components**

**Objectives, propositions, and research questions.** The investigation of nursing orientation programs was directed by interrelated objectives and propositions which generated the research questions. Each of the four propositions of this study followed the guideline of Yin (1984) and "directs attention to something that should be examined within the scope of the study" (p. 30). The research questions directed the interviews and observations of the units of analysis for collection of data about the orientation process. The units of analysis were the sources from which data was collected.

**Units of analysis.** The units of analysis defined areas for data gathering and helped the investigator select a specific way of answering the research question. The units of analysis also enabled the investigator to distinguish the boundaries of context of the study (Yin, 1984). For this study the units of analysis were:

- The orientees
- The orientation instructors
- The documents of the orientation programs
- The ongoing process of the orientation program.

**Relationship of Design Components**

**The orientees.** The first set of objectives, propositions, and questions addressed the perceptions and
responses of the orientees to the orientation process.

There was a relationship between design components: objectives related to the propositions from which research questions were generated. These relationships were as follows:

<table>
<thead>
<tr>
<th>Objectives To Describe:</th>
<th>Propositions</th>
<th>Research Questions</th>
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<tbody>
<tr>
<td>1 The emotional response experienced by the orientee about the new employer's expectation of him/her.</td>
<td>New employees participate in orientation programs because they want to function to the best of their ability and as expected by the organization in their new job.</td>
<td>How do participants (the receivers) in orientation perceive the process?</td>
</tr>
<tr>
<td>1A Perceptions of orientees as to the effectiveness, perceived meaning, and interpretation of the orientation experience.</td>
<td>1A What can orientees recall and share from their perceptions of the orientation program?</td>
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<tr>
<td>2 The first perception of readiness to assume the expected organizational role experienced by the orientee.</td>
<td>2 The most beneficial role transition for the new employee involves integration of personal goals and the expected organizational role.</td>
<td>1B How do new nurses perceive the effectiveness/ineffectiveness of the program to prepare them for the expected organizational role?</td>
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<td></td>
<td></td>
<td>At what points do the orientees perceive readiness to assume the expected role?</td>
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</tbody>
</table>
2A Language cues and phrases used by the orientee to show understanding and acceptance of the expected role.

2A In what ways do the orientees demonstrate readiness to assume the expected role?

The orientation instructors. The second set of objectives, propositions, and research questions addressed the perceptions and responses of orientation instructors who provided orientation at the two urban hospitals. The objectives related to the propositions which in turn generated the research questions as follows:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Proposition</th>
<th>Research Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Describe:</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3 Perceptions of orientation instructors about the process in which they are involved.</td>
<td>Dissonance between individual goals and expected organizational roles are observable in orientation.</td>
<td>How do participants (the providers) of orientation perceive the process?</td>
</tr>
<tr>
<td>3A The behaviors exhibited by the orientee during the orientation program which the orientation instructor perceives indicates the new employer does or does not understand the expected role and needs retraining.</td>
<td></td>
<td>What is the instructors' perception of the orientee's ability to fulfill the organizational role?</td>
</tr>
<tr>
<td>3B The behaviors exhibited by</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3B Are organizational constructs
the orientee at the end of the orientation program that the instructor perceives indicates the organizational role to be assumed is understood.

3B.1 The point in the orientation program at which the instructor perceives the orientee is ready to assume their role.

The process and documents of orientation. The final set of design components addressed the process of orientation suggested by the program's delivery and orientation materials. The relationship of the components was as follows:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Proposition</th>
<th>Research Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Describe:</td>
<td>Orientation</td>
<td>4 How is the orientee introduced to:</td>
</tr>
<tr>
<td>4 The process by which organizational values and role expectations and communicated to the new employee.</td>
<td>programs are provided to enable new employees to move smoothly into the organization and carry out its function.</td>
<td>a. organizational structure, b. organizational role, c. organizational climate, and d. organizational sanctions?</td>
</tr>
</tbody>
</table>

Method

Data for this study was obtained via two investigative techniques, observation and interview. Orientees and orientation instructors were interviewed. Orientation
program documents were reviewed. Orientees and orientation instructors were observed during the process of orientation.

Interview schedules and observation guides were constructed for this study to gather data related to the research questions. The generation of research questions from the study propositions occurred through examination of the propositions to determine how, why, or what responses from the participants would yield descriptive information about orientation. Each question in the interview schedule is preceded by a research question number (e.g., RQ1) indicating the research question for which data is being collected. The interview schedules were submitted to nurse-educators of the graduate nursing program at Louisiana State University Medical Center in New Orleans for validation. These educators agreed the schedules were adequate for eliciting information relative to the nomothetic and idiographic dimensions of the case study's conceptual framework. Responses of the educators are found in Appendix A. The interview schedules are in Appendix B. The complete transcribed taped interviews of the participants and researcher responses to the observation guides are located in Appendices C, D, and E. The relationship of interview questions to research questions and subsequent to the propositions is as follows:
<table>
<thead>
<tr>
<th>Propositions</th>
<th>Research Questions</th>
<th>Interview Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 New employees participate in orientation programs because they want to function to the best of their ability and as expected by the organization in their new job.</td>
<td>1 How do participants in orientation perceive the process?</td>
<td>RQ1 What did you know about this hospital before you came to work here?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RQ1 How do you perceive your orientation at this point? Why?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RQ1 Now that I've finished orientation ....</td>
</tr>
<tr>
<td>1A What can orientees recall and share from their perceptions during the orientation program?</td>
<td>RQ1A What is the most impressive event or occurrence that happened here today?</td>
<td>RQ1A What have you learned about this hospital in the orientation program?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RQ1A I would have liked more ....</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RQ1A I would have liked less ....</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RQ1A I was most impressed by ....</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RQ1A I was least impressed by ....</td>
</tr>
<tr>
<td>1B How do new nurses perceive the effectiveness/ineffectiveness of the program to prepare them for the expected role?</td>
<td>RQ1B To what extent do you believe the orientation program is effective? Why?</td>
<td>RQ1B What do you understand your role to be in this organization?</td>
</tr>
<tr>
<td>2</td>
<td>The most beneficial role transition for the new employee involves integration of personal goals and expected organizational role.</td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>The most beneficial role transition for the new employee involves integration of personal goals and expected organizational role.</td>
<td></td>
</tr>
</tbody>
</table>

| 2 | At what point do the orientees perceive readiness to assume the expected role? |
| 2A | In what ways do the orientees demonstrate readiness to assume the expected role? |

**RQ1B** Could you improve this program? How?

**RQ1B** In what ways do you believe this orientation program is effective? Why?

**RQ1B** In what way do you believe this orientation program is ineffective? Why?

**RQ1B** To what extent do you believe the orientation was effective in helping you understand your role?

**RQ2** When did you begin to perceive readiness to assume your role?

**RQ2** What contributed to this perception?

**RQ2** When did you believe you were most ready?

**RQ2** To what extent do you perceive readiness to assume your role? Why?

**RQ2** What contributed to this perception?

**RQ2A** I believe I'm ready to ...
Dissonance between individual goals and expected organizational roles are observable in orientation.

How do participants (the providers) of orientation perceive the process?

RQ3 How do you perceive the orientation program you are involved in? Why?

RQ3 How do you perceive the hospital's expectations of new employees? Why?

What are the instructors' perceptions of the orientee's ability to fulfill the organizational role?

RQ3A Have you studied or reviewed any pre-employment information about ____ (name of orientee) or any member of your class? Why?

RQ3A Other than by asking, how do you know if an orientee is learning?

RQ3A To what extent do you believe ____ (name of orientee) is ready to perform the organizational role?

RQ3A How certain are you at this time that ____ (name of orientee) has the potential to function in this organization? Why?

Are organizational constructs understood and accepted during the orientation program?

RQ3B What are the special behaviors you look for in your class members to signal readiness or lack of readiness?

RQ3B Are there any special behaviors you see in ____ (name of orientee) to signal readiness or lack of readiness?
<table>
<thead>
<tr>
<th>Question (RQ)</th>
<th>Details</th>
</tr>
</thead>
</table>
| Orientation   | How is the orientee introduced to:  
|               |   a. organizational structure;  
|               |   b. organizational role;  
|               |   c. organizational climate;  
|               |   d. organizational sanctions?  |
| RQ3B | How sure are you at this point that (name of orientee) will be able to function as expected by the organization? Why? |
| RQ4 | What is the philosophy of the organization? Where is it stated? |
| RQ4A | What are the components of the organizational materials? |
| RQ4A | What qualifications are required for the instructors in the orientation program? |
| RQ4A | What are the instructor's qualification for teaching? |
| RQ4A | To what extent is the philosophy of the organization obvious and consistent throughout the program materials? |
| RQ4B | To what extent do orientee interact with each other? |
| RQ4B | To what extent do interactions appear to be conducive to learning? |
| RQ4B | Are audio-visual aids used to extend and enhance the information presented? |
| RQ4B | How much material is the orientee given in a four hour time period? |
Observations and interviews were conducted in two urban
hospitals. Each hospital was defined as a separate case. The units of the case as defined in the design were the participants, the process, and the documents. The hospitals were designated Case A and Case B. Data for each case was collected separately and a report was written. The report was organized in this way: general information about the hospital; a synopsis of the process; a description of orientation material; and summaries of the participant interviews.

Each case description begins with general information and facts about the hospital. Such information as general location in the city, ownership, number of operational beds, the types of services offered, and how long in existence is included. This description provides the setting in which the orientation programs, central to this study, took place.

The description of the hospital is followed by a daily synopsis of the content and proceedings of the orientation program. The responses of the researcher to the observation guide for instructional sessions of the orientation were the source of this information (Appendix E). The documents used in the program were reviewed and questions listed on the guide for orientation documents were answered.

The participants of the orientation program, as defined earlier, were the orientees and the orientation instructors. With one exception, participants of the program in each case
were interviewed at least twice. The exception was because one instructor spent one day only with the orientees.

The investigator was on site during orientation sessions to observe the process. The manner in which the orientation program was implemented was explored by observing the physical environment of the instruction, the teacher/student interaction, and the documents used. The investigator was looking for signs of engagement or disengagement and signs of understanding or confusion. Signs observed by the investigator were validated with the orientee during subsequent interviews. The observation guide for these sessions is shown in Figure 6 (see Appendix B - "Observational Guide for Instructional Sessions of the Orientation Program").

The content of the documents used in the orientation program revealed the philosophic beliefs of the organization, the requirements for its instructors, the expectations for the students, how the program reflects and responds to changes in practice standards, the time allotted for teaching the program, and the materials to be used by the participants. The researcher used a guide consisting of questions structured to elicit information about the above. The sources of data were outlines or syllabi, handouts, and Nursing Department policy and procedure manuals. The guide for observation of documents is shown in Figure 7 (see
Appendix B.

**Data Analysis**

A strategy known as pattern matching which "compares an empirically based pattern with a predicted one" (Yin, 1984, p. 103) was used for this study. Data was examined and sorted according to statements which supported or failed to support the study predictions. It was predicted that the data would support the study propositions. This prediction was made in accord with protocol established by Yin (1984).

Each prediction was labeled for the objective it relates to and lettered "P" for prediction. Restatement of the objectives into predictions for the purpose of pattern matching is as follows:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Predictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Describe:</td>
<td></td>
</tr>
<tr>
<td>1 The emotional response experienced by the orientee about the new employer's expectation of them;</td>
<td>P1 Orientees will experience and be able to verbalize their emotional response to the employer's expectations.</td>
</tr>
<tr>
<td>1A Opinions expressed by orientees as to the effectiveness, perceived meaning, and interpretation of the orientation experience;</td>
<td>P1A Orientees will use words with positive connotations to express their interpretation of the orientation program and its perceived effectiveness and meaning to them.</td>
</tr>
<tr>
<td>2 The first perception of readiness to assume the expected organizational role experienced by the orientee;</td>
<td>P2 The first perception of readiness to assume the expected organizational role will be experienced by the orientee during orientation.</td>
</tr>
<tr>
<td>2A Language cues and phrases which indicate acceptance and understanding of the expected role;</td>
<td>P2A Language cues and phrases used by the orientee will indicate acceptance and understanding of the expected role.</td>
</tr>
<tr>
<td>3</td>
<td>The perceptions of the orientation instructors about the program in which they were involved;</td>
</tr>
<tr>
<td>3A</td>
<td>The behaviors exhibited by the orientee during the orientation program which the orientation instructor perceives indicates the new employee does or does not understand the expected role and need retraining;</td>
</tr>
<tr>
<td>3B</td>
<td>The behaviors exhibited by the orientee at the end of the orientation that the instructor perceives indicates the organizational role to be assumed is understood</td>
</tr>
<tr>
<td>3B1</td>
<td>The point in the orientation program at which the instructor perceives the orientee is ready to assume their role;</td>
</tr>
<tr>
<td>4ABCD</td>
<td>The process by which organizational structure, role expectations, climate, and sanctions are communicated to the new employee.</td>
</tr>
</tbody>
</table>

| P3 | Orientation instructors will use words with positive connotations when describing the orientation program they are involved in. |
| P3A | Orientation instructors will be able to list and/or describe those behaviors they perceive indicate the new employee does or does not understand the expected role and needs retraining. |
| P3B | Orientation instructors will be able to list and/or describe those behaviors they perceive indicate the new employee does understand the expected organizational role and is ready to assume it. |
| P3B1 | Orientation instructors will be able to cite, predict, or project a point in time when the instructor perceives the orientee was or will be ready to assume the expected organizational role. |
| P4A | The organizational structure will be explained and/or demonstrated to the orientee in the orientation program. |
| P4B | The organization's expectations of the new employee will be communicated to the new employee via job description, philosophy, and organizational objectives. |
| P4C | The concept of organizational climate will be communicated to the orientee in the orientation program via philosophy, policy, standards, events, features, and processes established by the organization. |
| P4D | Organizational sanctions will be discussed in the orientation program. |

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RESULTS OF THE STUDY

This chapter presents the data collected for this descriptive case study. In the study design, the research questions were presented in a different order than they are presented in the results section of this report. The study design had five questions for the orientees, followed by three questions for the instructors, and ended with a four part question about the orientation program. It was necessary to change this order for the report because of the order in which the orientation took place. The program must be started before the orientees could express opinions about it, and the instructors needed an opportunity to interact with and observe the orientees before they could assess the responses and reactions of the orientees in the class. The results of the study were reported via a synopsis of the program based on the questions in Figure 6 (Appendix B); a review of the orientation documents based on the contents of Figure 7 (Appendix B); and a summary of the interviews of the instructors and the orientees based on the contents of Figures 1-5 (Appendix B). The completed observation guides are presented in Appendix E and transcribed interviews are presented in Appendices C and D. The research questions
were used as section headings.

Case A

The data for Case A was collected in a 519 bed hospital located in the central business district of New Orleans. It is owned and operated by the Federal Government. Services provided are Internal Medicine, Surgery, Psychiatry, Oncology, Physical Medicine, Home Health Care, and a variety of outpatient services. All services are rendered free of charge to the patient.

The hospital provides clinical experiences for medical students, nursing students, and other allied health students. An active multi-disciplinary research committee in the hospital monitors and supports individual and government-sponsored research projects in medicine, nursing, and allied health.

Synopsis of the Orientation Program

The orientation program was divided into three phases. Phase I occurred immediately after hiring and was mandated by hospital policy. Phase II continued for as short a time as two weeks or as long as one month following hiring depending on the needs of the orientees or the number of orientees. Phase III consisted of instruction for remediation or strengthening areas the orientee was found deficient in by the immediate supervisor. This phase occurred after the orientee had an opportunity to work on
the unit and had been observed and/or evaluated performing certain tasks. The supervisor plans the times, dates and classes to help the orientee with the staff development department. For most employees, this phase did not occur.

The orientation class consisted of three nurses. Two of the orientees in this class were new graduates; one male, and one female. They were hired to work in the Intensive Care Unit (I.C.U.). The policy of the hospital dictated that nurses permanently assigned to the I.C.U. should have successfully completed a Critical Care course. As a term of employment, the hospital also offered this qualifying instruction. The Critical Care course was scheduled three weeks following the orientation. The third nurse had been employed at this hospital previously.

The room used for instructions was very large, approximately 40 ft. x 40 ft. and could be separated into two rooms with folding partitions. There were storage cabinets and shelves on one wall. Reference materials were stored there and were available to the class. Two long conference type tables were in the center of the room surrounded by chairs that swivel. The room had a face bowl and water fountain; it was air conditioned and lighted with fluorescent lights. The windows in the room faced the Louisiana Superdome and a portion of the city's skyline.

Observation of Instructional Sessions
How is the orientee introduced to organizational structure, climate, and sanctions? The first two and a half hours of day one were devoted to the Personnel Department. Clerks in the department assisted the new employees individually as they completed the forms necessary to secure employee benefits, select insurance coverage, withhold taxes from income and become acquainted with the Federal Government's system for grading employees for payment and promotion. Finger printing was done and identification badges were made. The employee was scheduled a time to return to collect lab coats and uniforms. The final activity in personnel was the swearing of an oath. The personnel clerk stated it is similar to the one taken by the President of the United States.

The orientees reached the Nursing Staff Development Department shortly before lunch time. The instructor responsible for orientation greeted the group and spoke briefly about the schedule for the rest of the day. She introduced the researcher and left the room. The orientees were given abstracts of the proposed study and a request to participate in the study. An explanation of how they would participate was given. Each orientee agreed to participate and signed the letter. After this, everyone left for lunch.

Upon returning to the classroom after lunch, the orientees found that the room had been prepared to show a
film. Instructor #1A explained the purpose of the film and started it. After the film, she asked for questions. The film was an introduction to nursing in the hospital system nationwide. A limited discussion on number of hospitals, number of chief nurses, and the selection process for chief nurse followed. Next, the instructor passed out information packets and schedules. She spent approximately 20 minutes with each orientee going over their schedule. The two graduate nurses had similar schedules. The nurse who had been employed at the hospital before had a different schedule.

When the teacher talked with the students, she used first names and appeared friendly and helpful. The feedback solicited was for an indication of understanding the history of the system. The questions were also to see if the group had seen the present chief nurse of the system in the film. The responses to the questions were positive; feedback was freely given.

No comments or discussion occurred during the film presentation. Comments at the end of the film were responses to the instructor's questions. The informal comments made by the orientees were not related to the presentation.

The two new graduates were classmates and friends. They car-pooled to work together. Their interaction with the
other orientee was limited and superficial. All orientees were dismissed to report the next day.

Day three consisted of a program called Mandatory Review. It is a yearly requirement for all employees, and is usually offered toward the end of the second week of orientation. The arrangement of the program was changed to accommodate the nurse in orientation who had been employed there before. The Mandatory Review was a presentation by the employees of other departments with whom nursing service employees interact to provide patient care. Each presentation lasted 30 - 45 minutes. The employee explained what their department did and how it affected patient care. In some presentations, forms peculiar to the department were distributed and instructions for completion and dispatching them were given. Some speakers used visual aids to enhance their presentations. At the end of the presentations, Instructor #1A announced the Pharmacology exam for the next day.

The class was made up of 18 employees and the orientees. The same room was used. Reference materials and audio-visual aids were specific for each of the speakers. The presenter asked for questions at the end of each presentation and answered questions. That was the extent of the interaction. All presenters gave telephone numbers in the event the orientees had questions later. Comments made
at the end of the sessions were not related to the presentation. Orientees appeared a little bored. Both showed up for work in lab coats issued by the hospital.

Following the break, after the pharmacology examination on day four, the orientees were given a handout called Nursing Service: Orientation Handbook and shown two more filmstrips on the Nursing Service's mission. These films coincided with the history in the handout. Instructor #1A began the session by going through the organizational structure. She started with the national structure, then showed the hospital organizational structure. The handout contained a listing of all on-site nursing managers and their telephone numbers.

The instructor reviewed with the orientees a drawing of the organization's physical plant. The drawing was in the handout for the orientees. A tour of the facility was scheduled for after lunch. The rest of the morning was spent going through the nursing orientation handbook. The mission statement of nursing service and nursing education were read. The goals and objectives were referred to but not read. The instructor did spend extra time on the section of the handout titled Important Information. This section covered duty hours, holidays, reporting for duty, requesting time off, accumulation and use of annual and sick leave, address changes, and verification of licensure.
Heavily emphasized was the subject called "Patient Abuse."
This subject had also been covered the day before by the
security officer.

The instructor also spent time discussing programs
sponsored by the organization for educational advancement.
She strongly encouraged the orientees to participate in all
educational offerings.

The class make-up consisted of orientees #2A and #2B and
Instructor #1A. The classroom was the same. Each student
had a copy of the orientation handbook. The tone of the
class was informal. The instructor spoke slowly and
appeared to be watching the orientees for signs to continue
or stop. To solicit feedback, she asked these questions: Is
this okay with you? If you have a concern, please share it.

Occasionally when the information was a policy that the
instructor had opinions about, she shared her opinions. The
orientees' responses were generally accepting and indicated
willingness to accept the material presented.

After lunch, the group assembled and took a walking tour
of the complex. The organization covers two city blocks and
some buildings have as many as 10 stories. Orientees were
introduced to managers and staff in each department when the
staff could be freed from duties.

The tour was an extension of the class. The orientees
walked energetically and appeared curious and interested.
As they were welcomed by different managers, they smiled and seemed very pleased. Comments were all positive: "feels good to be accepted" - "the people here are so friendly" - were examples. In one area, the orientee was remembered from a student affiliation. The orientees were dismissed after the tour.

**How is the orientee introduced to the expected organizational role?** On day two, Cardio-Pulmonary Resuscitation instruction occurred in the same classroom. Instructor #2A conducted the session which was a mandated class for all employees having patient contact. The class began with a review of the importance of CPR, new statistics on the effectiveness of the procedure and an introduction to the film showing the changes in technique.

After the film, the instructor discussed changes and answered questions. The folding panels were opened and each orientee was required to perform the procedure on an adult and infant mannequin under the supervision of staff development instructors. The orientees were also responsible for performing the Heimlich Maneuver on a choking victim. Instructors at each station observed and evaluated the performance. The instructors signed the evaluation form if satisfied or instructed the orientee which step had to be repeated. When all performances had been evaluated, the class took a written examination. Upon
completion of the test, each class member went to lunch.

The class consisted of sixteen employees from nursing service plus the three orientées. The employees were staff nurses and nursing assistants who were satisfying a once per year requirement for CPR re-certification and a review of policies for related hospital services. These activities were scheduled for day three of the orientation program. The room was the same except with the doors open it was twice the size. Five stations were set up with mannequins on which to practice the techniques. Performance was also evaluated with mannequins. An instructor from staff development was at each station to observe, correct errors in technique, and sign the evaluation.

Each class participant had a handout of the technique from the American Heart Association. A large instructor's manual was available on a table and all of the instructors were certified in the procedure.

The interaction was of a one-to-one type because Instructor #2A had assigned herself to the infant mannequin to evaluate class members. It was the only infant mannequin; therefore, she got the opportunity to observe everyone in the class.

The orientees worked with other staff members for the two man rescuer technique as well as each other. While working with other staff, there were questions about their
background. These were answered and seemed welcomed. This activity appeared to help the orientees become more at ease.

Audio-visual aids introduced and demonstrated the changes in the procedure. The material given was lengthy but it was necessary in order to provide continuity. Feedback solicited was to determine understanding of technique. Feedback obtained was a demonstration of the technique. Comments made at the end of the presentation were related to changes in hand position, method of counting, and breathing equipment. Informal comments at the end related to tiredness and being breathless from the activity.

Following lunch on day two, the orientation subject covered was management of an Emergency Code. An emergency code cart was brought in for the discussion. The discussion included identification of the hospital emergency code team and how it was selected. The instructor gave the telephone number for paging and unit responsibilities.

Next, the instructor discussed and demonstrated the contents of the cart. She also covered cart storage on the unit and restocking. The class was given a 10 minute break. On return from break, orientees were given the opportunity to go through all five drawers to familiarize themselves with the contents of the cart. Class make-up was the same as Session I and in the same place. Mannequins were stored
but folding doors remained open.

The reference materials available for this session were Policy and Procedure Manual and contents card for emergency cart. Instructor #2A introduced each item on the cart, stated its use, or demonstrated it. This was one way communication. She did encourage the class to stop her if needed.

The aids for this session were the actual equipment to be used in an emergency -- the contents of all five drawers as well as policy and procedure for use of cart. This was a large amount of material but it was necessary. Comments during the presentation and at the end were related to recent changes in emergency code drugs. Questions were directed toward the reference sources for types and amounts of medication to be given.

The orientees started day four by writing the Pharmacology examination. This examination tested knowledge of medications actions, side effects and untoward effects. It also tested the ability to calculate dosage and flow rates for infusions. The organization determined a passing score of 84%. When the examination was over, the nurse who had been previously employed at this hospital and returned after a month's disruption of service, was released to her supervisor. The Staff Development instructors had scheduled her for the mandatory review of related services, CPR, and
the pharmacology test. In their opinion, she did not need the other sessions because her time away from the organization was brief. The other two reported to Instructor #1A after a 10 minute break.

Day five's subject was skills - proficiency. Orientees #2A and #3A were given a self-assessment check list of nursing tasks or skills. The orientees rated themselves on skills they could perform. Those skills they designated as needing help with were taught in a laboratory setting.

The classroom was configured with the folding partitions closed. When the check list was completed, Instructor #1A met with each orientee in her office to discuss it and schedule laboratory sessions. After lunch the orientees spent the afternoon with the head nurse of the Intensive Care Unit (I.C.U) observing activities on the unit.

The section of the orientation program scheduled for day six involved meeting with more of the patient services personnel. The services presented were supportive services and patient special services. The presentations lasted from 30 minutes to one hour. The shortest presentations were by Administrative Services (secretarial support on nursing units), the Chaplain, and service for female veterans (presented by a social worker specifically hired for this purpose). The lengthiest presentation was by the Oncology nurse. She not only presented an overview of her service to
patients in the hospital but also gave a very comprehensive
review of Chemotherapeutic agents commonly used in the
organization.

The Introduction to Supply, Processing, and Distribution
(S.P.D.) was a second lengthy presentation. The
presentation included a tour of the department as well as
paper work required by the department. The class consisted
of Orientees #2A and #3A, meeting in the same room as
before. Each presenter supplied the orientees with a
handout that explained their services and referred to the
handout during the discussion. Presenters were informal and
used first names of orientees since there were only two and
as the S.P.D. presenter states, "It was easy to tell 'who is
who'."

Orientees handled materials on tour in the S.P.D.
section when demonstrations were performed. They helped
each other by being partners when the return demonstration
required it, and gave critiques when they perceived the
need. Feedback was in the form of return demonstration for
some things as well as questions. Questions asked were of a
clarifying nature: "When you said ___ - did you mean ...?"
"About how many female veterans come to this VA Hospital?"
"Are there any in house now?"

Questions to the Oncology nurse were related to the
drugs presented in her discussion - onset of side effects,
protection for the nurse because of the corrosive nature of some drugs, patient consents for treatment, and nurses' responsibilities. Comments after the Oncology nursing session were questions orientees asked of each other about their ability to function with terminally ill patients.

Following lunch, the orientees met in the classroom to discuss Incident Reports. The policy was reviewed and the instructor discussed and demonstrated completion of the form. The orientees spent the remainder of the day on their assigned unit.

The I.C.U. supervisor introduced the two orientees to the staff on duty first. Next they looked at the nursing care plan of one of the patients and discussed aspects of the care outlined. She also showed them a communication book. Each was assigned to a staff nurse to observe and assist. They assisted with bed linen change for one patient, watched I.V. fluids flow rate, read patient charts and generally familiarized themselves to the unit.

Instructor #1A began day seven class by reviewing the nursing process and diagnosis. She gave instruction for constructing and utilizing the hospital's care plans. The expectation that documentation in the chart reflect the care plan was emphasized. Forms for care plans, progress notes as well as standards manuals, were demonstrated in this class. Time for limited practice on forms was also
provided.

The class consisted of Orientees #2A and #3A. Most of the instruction occurred in the same classroom. Policy manuals were available and opened to the policies as they were discussed. Policy numbers were given so that orientees could refer to them later if needed. Instructor #1A did most of the talking with an occasional question of, "You've heard this before haven't you?" to which the orientees smiled and agreed by nodding.

The feedback solicited and obtained was completion of forms by orientees of simulation material. Comments from orientees included self-satisfaction for correctly filling forms. The orientees seemed very comfortable and relaxed during this session.

Following a ten minute break, the orientees were given a lecture and introduction to the hospital's Psychiatric Services. The supervisor for the service gave the lecture. The audio-visual aid used by the speaker was a chalkboard. He wrote topics on the board, referred to the hospital policy manual, gave policy numbers, and demonstrated use of the Diagnostic and Statistical Manual of Mental Disorders, 3rd. Edition (DSM-III).

Feedback was solicited by asking, "Have you worked with chemically-dependent patients before?" "What have you read about post-traumatic stress patients?" "Are you familiar
with Bi-Polar disorders?" Orientees responded to questions with their experiences as students on Psychiatric Services.

After lunch, the orientees were introduced to the hospital’s patient classification system. The procedure for classifying a patient was demonstrated. The orientees were given practice time with hypothetical patients.

Visual aids were forms to practice classifying patients and information sheets about patients. Two sets of information were used, one for I.C.U. patients and another for patients on the ward. Feedback solicited was correctly classifying patients on the sheet. Feedback obtained was correct classification of the patients. Comments made were comparisons of patient classification at this organization to classification at another hospital.

The next topic was post-mortem care and a tour of the morgue. The instructor brought out a morgue pack. This pack contained a paper shroud, tags, cotton, fabric tape and an instruction sheet. She asked the orientees to find the policy and procedure in the hospital manual. She discussed the policy, opened the pack and displayed its contents. The orientees handled the contents, and questioned the use of the tape. Neither orientee had done this procedure before. Following this discussion and demonstration, the instructor took the orientees on a tour of the morgue. There, they met the attendant, saw the log for registering the patient,
forms for release of remains, permission for autopsy, release of personal items, and request for autopsy report. From here, the orientées were dismissed.

The next day, day eight, was designated a clinical day. The orientées were on their assigned unit with their supervisors. Each orientee was assigned to follow a staff nurse in the I.C.U. The orientées were encouraged to participate in the care of the patient as each believed comfortable. A patient was admitted to the unit during this time and the orientées were able to see the admission process.

The program for day nine was to begin with introductory sessions with associate directors of nursing for nights followed by a 30 minute program on each of the following subjects: Utilization Review, Quality Assurance, Nursing Organization Within the Hospital System, and Patient Education. Orientee #3A was absent. The program was postponed. Orientee #2A reported to her unit supervisor. The supervisor let the orientee follow her to see what the administrative duties of I.C.U. were like.

The program planned for day nine, as listed in the previous paragraph, was presented on day ten when both orientées were present. Each of the associate nursing directors welcomed the orientées and wished them success in their careers.
The nurse responsible for Quality Assurance met the orientees and talked briefly about risk management in the hospital. The nurse responsible for discharge planning also met with the orientees for a short period. Instructor #1A gave each orientee an Orientation Program Evaluation Form to be turned in when convenient after today.

Following lunch, the orientees met with Instructor #2A for an introduction to the hospital computer. The class make-up was Orientees #2A and #3A. Instruction occurred in the computer training classroom, two floors up and several buildings away. Each orientee was given a personal computer number. The instructor showed them how to log on with their number and security code. Next she talked them through an exercise to secure supplies from S.P.D. and laboratory results. One of the orientees had difficulty with the security code but the instructor helped her correct this easily. After the introductory period, the orientees worked a simulation tutorial program for ordering and changing orders for lab work and then obtaining laboratory results. Both orientees did very well with this exercise. Comments by orientees were expressions of satisfaction with themselves.

Documents of Orientation

The philosophy of the department is printed in the orientation handbook. A copy of the handbook is given to
each orientee. The philosophy lists beliefs about the nurses responsibility to assist the client understand his or her health needs and secure health care. Nursing care, the philosophy states, is based on research and science. The nurse is expected to assess client needs on an ongoing basis and set goals accordingly. An inter-disciplinary team approach to health care is advocated and the nurse is expected to function collaboratively and independently. Nurses are also expected to maintain their professional skills and knowledge and advance to their full potential. The organization supports educational programs designed to meet individual and group needs.

Material Components of the Instructional Program.
Instructional materials are discussed under two headings, print and non-print. The printed materials were the orientation handbook, handouts from speakers, self-learning modules, and hospital forms. Other materials included video cassettes, C.P.R. models, computer terminals, and the emergency cart.

The orientation handbook was a 62-page book which covered the history of the hospital system, mission statement and objectives, the philosophy of the nursing department, organizational chart, hospital statistics, and some policy statements. The book was mimeographed and contained some illustrations.
Self study modules with tests and answers were on subject areas covered in the orientation. Some modules (IV therapy, pharmacology problems, and decubitus care) had been developed in response to previously assessed problems and requests from head nurses. Others were on the subjects of pharmacology standards, medication administration, emergency procedures, patient classification, and nursing care plans.

Handouts from speakers were specific to their areas. Some speakers brought forms for requesting their service, reporting patient needs, and general information about the scope of their service. Others used chalk boards and flip charts to illustrate their discussion.

Blank hospital forms were also used by the orientees for introduction and practice. Progress notes, vital signs records, kardex forms, laboratory and other test requests, consultation forms, and diabetic records were a few of the forms used.

Materials used that were not printed were video cassettes, C.P.R. mannequins, computer terminals, and items on the emergency cart. The video cassettes used were recently made and entertaining as well as informative. C.P.R. mannequins were up-to-date, in good repair, and clean. The computer terminals were new and set up away from the main traffic area of the hospital. All equipment on the emergency cart was in working order and drugs were current.
Relationship of the Philosophy and Orientation Materials

The extent to which the philosophy is consistent throughout the materials was analyzed by comparing statements of the philosophy with program materials and presentations. The philosophy statement is reproduced in Appendix E.

The opening statement of the philosophy described beliefs about the clients need for knowledge of and the power to secure health care and the nurse's responsibility to assist the client. The orientees were introduced to elements of the system which provided inpatient and outpatient support services thereby the orientee was provided with the knowledge of what was available in order to assist the client. The organization recognized the changing health needs of the client and provided the orientee with tools and instruction on how to use the tools to meet these needs. The nursing care plan was the primary tool. In addition to practice time, self study modules were available if the orientee's practice care plans were not good.

The philosophy states that the client was best served by an inter-disciplinary team working collaboratively. To implement this collaboration, the orientee was introduced to the departments and their functions. The depth of the organization's commitment to this concept was shown by its
policy that each year the departments present to each other a review of how they were to work together.

According to the philosophy, the organization expects nurses to maintain and advance their personal and professional growth. The availability of educational alliances with academic organizations and the manner in which the organization will financially support the nurse who pursued this advancement was discussed with the orientees. Introductions were conducted with both administrators of the program and participants of the program. In addition to the educational program, the organization was part of a national system of hospitals with its own professional nursing organization. This professional nurses organization's purposes were to promote professional growth and development of nurses. The professional nurses organization supports and directs nursing research, provides a national network of nurses with similar interests and concerns. It also provides a forum for updating, reporting, and exchanging ideas to assist the nurse to improve personally and professionally.

The organization also sponsors programs and employs counselors and social workers to assist employees who may be having problems of a personal nature that interfere with their capability to care for the client.

**Plans for Remediation.** Head nurses use performance
guides to evaluate orientees during and at the end of the orientation period. When orientees are found lacking in skills and knowledge by the head nurse or the orientation instructor, the organization policy is to extend the orientation time and re-teach the deficient information. Study modules are available to the orientee for self study to prepare for re-testing if re-testing is needed. When needed, written tests are given and reviewed by orientation instructors and head nurses.

Qualifications of Instructors. The organization stated in the position description for staff development instructors that the person must be a Registered Nurse, licensed by the State of Louisiana, hold a Master's Degree in Nursing or related area, and have five years experience in a clinical area. Teaching experience was preferred but not required. Both instructors involved in the orientation program met the required qualifications.

Summary. The process by which Hospital A communicated values and role expectations to the new employee included a variety of experiences, and was initiated by the orientation program. The program employed printed and non-printed information, contact with staff members, tours of the total organization, as well as specific departments, supplies, equipment, and time on the assigned unit for observation. The orientation instructor was able to alter presentation of
information to meet the requirements of Orientee #1A. This orientee did not need a full two-week orientation because of her previous employment in the organization. The instructor was also able to postpone and reschedule a day's activity when Orientee #3A was absent.

Summary of Instructor Interviews

Instructor #1A has been employed in Hospital A for four years. She has a Master's degree in nursing and is enrolled in a doctoral program. Prior to her employment at Hospital A, she taught in a baccalaureate nursing program. She is a widow with teenage children. She has published articles and served as guest lecturer on the subject of Gerontology.

Instructor #2A began employment at Hospital A as a staff nurse in the I.C.U. She completed studies for a Master of Nursing degree and joined the Staff Development Department. Her duties included a portion of the orientation course, total responsibility for the Intensive Care Course, and continuing education for the hospital's Critical Care Units. She is active in the Army Reserve and civic activities.

How do participants (the providers) of orientation perceive the process? Instructor #1A was interviewed on day one of the orientation program. (see Appendix D). During this interview, she stated she was positive about the orientation program because it set the stage for the
retention of the individual employee by developing positive attitudes initially. In her opinion, orientation was very time consuming.

Her only knowledge of the orientees, gained about one week before the orientation, was their experience level. This was so she could individualize their orientation. In this orientation there were two new graduates and a nurse who had worked in this hospital previously. She also stated the employee's application information is confidential and because of this it is not shared with her. The new nurse does meet the head nurse she is to work under before orientation.

To individualize the orientation program, Instructor #1A planned a full two week program for the new graduates followed by a unit orientation and a course to prepare them to work in I.C.U. because this is where they had been hired to work. The returning nurse had a four day orientation because she had been employed by the hospital for 17 years and only out of service for thirty days. Further individualization of orientation was determined by the head nurse who conducted the unit orientation. The unit orientation was where the nurse actually worked and on the shift she was assigned. The instructor explained that a head nurse may hold a nurse in orientation for 3-4 months if she believes the nurse needs more time.
The initiation of a series of brown bag lunches with nurses who had recently completed orientation was an idea of the instructor. Her intent was to continue a support network established during orientation while the nurse is establishing other such networks during her first year. The sessions were scheduled every two months for the first year to hear how they are doing and what's bothering the newly hired nurses.

Instructor #1A believed the expectations of the hospital, which are embodied in the head nurse of the unit the nurse is on, are varied. Some head nurses verbalize to her what they perceive the nurses lack or need more of, others believe they are responsible for demonstrating what they expect of nurses on their unit. The head nurse's expectations are also impacted by staff shortages. She further explained that at one time a preceptor program existed at this hospital. The preceptors helped the staff development department raise skill levels on all units. The program was discontinued when the Chief of Nursing Education transferred to another organization.

Interview number one for Instructor #2A took place on day five of the orientation program. In her opinion, the program, while undergoing revision, provides the new employee with an adequate foundation for working in this hospital. She does not believe it is complete but needs the
support of the unit orientation to make the employee fully functional.

She had information about one of the new nurses because he had applied for work on her unit during the summer. She stated the recruiter had communicated verbally some information to her and the head nurse about the two new nurses because they were employed to work in I.C.U. and neither had experience in that area. Both nurses were candidates for the special I.C.U. nursing course to be offered immediately following their orientation.

This instructor believed the expectations of the hospital were based on the nurse's prior experience. These nurses had no prior working experience (as nurses). She also believed the hospital expected a great deal of nursing in general as far as functioning when other departments did not. Her examples were secretarial and courier services during off tours when these departments were not staffed or were short staffed. Nursing staff would also perform tasks that are not strictly nursing if it increases the safety of the environment in which nursing care takes place. She said cleaning beds to receive a new patient, mopping spills, and retrieving meds from pharmacy were examples.

During her third interview, the instructor again stated the orientation is a good one. It is flexible enough to include individualization and time extensions when the...
Orientees show potential to meet the needs of the organization. In her opinion, the instructors in the department had previous experiences which were varied, complemented each other, and each instructor was committed to their job.

**What are the instructors' perceptions of the orientee's ability to fulfill the organizational role?** According to Instructor #1A, the nurse who works in this hospital is different from nurses in other hospitals. The difference is because of the system and the type of patient served in the system. The system, because of its resources, provides opportunities for the individual to increase skill levels and opportunities for growth. The other difference is the nurse's ability or desire to work with predominantly poor aging male patients who suffer from physical injuries and emotional problems resulting from some of the physical injuries.

The measure of enthusiasm shown by the nurse in orientation class is what the instructor stated she looked for to signal readiness to assume the role. In this class, she stated, she observed positive attitudes, self assurance and humor, and believed each orientee would do fine in this hospital. She believed she detected some negative impulses from one nurse and planned to explore this with the nurse. She uses her post test on concepts presented as an
additional measure of understanding the expected role (Interview #1, Instructor #1A, Appendix C).

To signal readiness to perform, Instructor #2A listed motor skills and motivation. She also looks for participation in class and that "look of understanding." She admits, "This is very subjective," and tries to hold off judgement until she actually observes a nurse on the unit.

The classes she teaches require return demonstrations often so it is easy to observe and evaluate motor skills. She also tries to have post tests following each class. She stated this is very important because the nurses are bombarded with information and the immediate post tests help to keep things compartmentalized (Interview #2, Instructor #2A, Appendix C).

Are organizational constructs understood and accepted during the orientation program? During the second interview for Instructor #1A, which occurred Monday of the second week or day five of the orientation program, the instructor stated she believed that the two new nurses would get to the stage of readiness to perform the organizational role. She said this belief was based on perception, some observation, as well as performance on the Pharmacology test.

She stated she was pretty sure they would be able to perform as expected because of their maturity and their student experiences in this hospital. She stated they were
bright eager people and she believed they were looking at
the career potential this hospital system offered them. She
stated the administration's expectations were high but so
were the rewards.

The last interview with Instructor #1A took place in the
afternoon on day ten of the orientation program. The
instructor maintained her position of belief about the
readiness of the orientees. She said their own motivation
and self image had a lot to do with what they got out of
orientation.

Her assurance level that the nurses would be able to
function was, she stated, about 75%. The nurses had
demonstrated on tests their knowledge of safe medicine
administration, nursing care planning, use of some of the
support services, and one had performed very well in an
emergency.

The last interview for Instructor #2A took place
following the completion of the I.C.U. course. At that
time, in her opinion, the students were novice I.C.U.
nurses. They both made good progress in the course but
because they had no experiences as nurses to call upon, each
had a long way to go before they could function
independently. A characteristic each embodied and one which
the instructor was comfortable with, was their ability and
willingness to seek help when they encountered problems.
The ability to give good nursing care and document this according to policy was an organizational expectation both were able to meet at this point in time.

Through observing their performance, she was 85% certain these two orientees would be able to function as expected. One orientee demonstrated more self-confidence than the other but she believed this was part of his basic personality. Both were motivated.

She explained that the expectation for the orientees to be fully functional in the area was flexible in terms of time. The organization was willing to extend their time in orientation based on performance evaluations by the head nurse. At this time, the head nurse had reported to the instructor her satisfaction with the orientees.

**Summary.** The instructors' perceptions were positive about the orientation program they were involved in. They listed the behaviors they observed in the orientees that would indicate understanding of the expected role as well as those behaviors that indicated a need for retraining. The instructors assessed readiness to assume the expected organizational role during the orientation period and projected when the orientees would be fully functional.

**Summary of Orientee Interviews**

Orientee #1A began her career in the Nursing Department at another of this system's hospitals as a nursing
assistant. She worked in two hospitals of this system before becoming a nurse. At the time of the study, she held an Associate Degree in nursing and had been employed by this hospital for fifteen years. Due to a personal problem, she resigned. When the problem was resolved, she re-applied and was rehired. During her hiatus from the organization, she maintained contact with friends there. As a result, she was able to return to the job she left because she knew the position had not been filled.

Orientee #1A was released from orientation after completing the pharmacology test on day four because of her previous employment. Due to her short orientation period, only two interviews were completed with this subject.

Orientee #2A was a new graduate nurse who had recently taken the licensure exam. Nursing was a career change for her. She had worked as a secretary, a surgical technician, and an airline stewardess. She was also a single parent. This orientee worked in Hospital A as a student and enjoyed her experience. The opportunities to get a critical care course and then work in I.C.U. were important to her and were the reasons she selected this hospital. Orientee #2A was interviewed three times.

Orientee #3A was a new graduate nurse and a classmate of Orientee #2A. He was also a musician and played in a rock band. Before entering nursing school, he worked as a
psychiatric technician in a psychiatric hospital and as an assistant on a unit for burn patients. He had enrolled in a baccalaureate degree program for diploma nurses during a break between graduation and employment in Hospital A.

Orientee #3A learned about this hospital as a student on a clinical rotation and through a job interview for temporary employment during the previous summer. He returned for employment after graduation because of the opportunity to work in I.C.U. after being given a critical care course. Three interviews were conducted with this orientee.

How do participants (the receivers) of orientation perceive the process? "I think it is very effective for the new people coming in, but it is a review for me," was Orientee #1A's response to her perception of the orientation program's effectiveness. (see Interview #1, Orientee #1A, Appendix C). She added, it helped her remember information she knew but didn't use much.

During the first interview, on day two of orientation, Orientee #2A stated she believed the orientation program was effective because it gave her an overview of opportunities and benefits, especially programs for further education. She stated, "one of my long-term goals is to continue my education. They seem to stress that education is important here and they push it and I like that." (see Interview #1,
Orientee #2A, Appendix C). Her role in the hospital was multifaceted, she said, and this met her expectation of nursing. She had worked on other jobs in which she was bored. She described her perceptions of the multiple roles of the nurse in this way. "I didn't come into nursing for any other reason except that you do so many different things. I'm not an office person and I can't stand sitting behind a desk. When I had other jobs, I always hated work. When I started in nursing, I just felt like I wasn't really working. With nursing you never know what to expect and that's what I like - a challenge" (see Interview #1, Orientee #2A, Appendix C).

Orientee #2A compared her present orientation with previous orientations she had had for other jobs and found this one better (Interview #2, Orientee #2A, Appendix C).

"I feel like I had a wonderful orientation. As a matter of fact, I told Instructor #2A that she really made the transition from school into practice so much nicer than what I've heard from my other friends," she stated. In discussing the role expectations and her understanding of it, she said, "I understand my role to be a care giver and a student; I feel like learning up there on the unit. I think you learn all the time" (Interview #3, Orientee #2A, Appendix C). She believed the organization expected the student idea to continue because medicine changes daily.
In assessing her opinions about orientation, this orientee stated, "I hope I stay in this honeymoon phase forever . . . I've been in it since January and I don't know when it's going to end." She mentioned suggestions from friends to go to another organization. She responded, she said, by telling them of the interest and assistance offered and that, "This is better than when I was in school" (see Interview #3, Orientee #2A, Appendix C).

Orientee #3A was interviewed on day two of the orientation program. In his opinion, the orientation was effective. This opinion was based on his past experiences in orientation programs for other jobs. This hospital was different from other hospitals in the private sector in that it was so large and offered him the area he wanted to work in and the training to work there. From his perception, it was really important for a nurse's philosophy of nursing to agree with the nursing philosophy where the nurse works. He attributed the effectiveness of the first day of orientation largely to the presentation which helped call these similarities of philosophies to his attention.

In his opinion, the organization expected him to function in many roles. The list of roles included teacher, comforter, guide, counselor, and student. He was comfortable with the expectation and stated, "That is part of why I came into nursing, because you get to perform so
many different roles" (see Interview #2, Orientee #3A, Appendix C).

**What can orientees recall and share from their perception of the orientation program?** The orientees were asked to comment on impressive events during the orientation program. Orientee #1A was able to cite statements from the philosophy and parts of the presentations from the mandatory review as examples of forgotten information.

She cited the presentation by the Biomedical staff member as most impressive and the presentation by security as least impressive. "I feel I learned a lot about that department I hadn't known before and I've been around here all these years" (see Interview #2, Orientee #1A, Appendix C). She would have liked the opportunity to practice and to return the demonstration on the fire safety information. Her reason was, in an emergency one might have difficulty remembering what was seen in a twenty minute film, but if you did it (practiced the procedure) once or twice you would remember.

On her second interview, which occurred on day seven of the orientation program, Orientee #2A reported a positive opinion about the program. Her response as to why was, "They go over everything in detail and I like that. It kind of builds up your self confidence and gives you time to adjust" (see Interview #2, Orientee #2A, Appendix C).
Orientee #2A referred the paper work in her response, "you see what you are going to be working with; I think that's good" (see Interview #2, Orientee #2A, Appendix C).

Orientee #3A cited new information about the hospital learned during orientation. He listed specifics of the critical care course and a tuition support program which paid for basic and advanced degrees of nursing employees. He was also unhappy with the time wasted in personnel.

_How do new nurses perceive the effectiveness or ineffectiveness of the program to prepare them for the expected organizational role?_ On the last day of her orientation, Orientee #1A was able to state her expected organizational role and had no doubt she could fulfill it. She stated it was a good review.

The effectiveness of the program from Orientee #2A's perspective was because, "They'll give you examples and handouts, then they'll go over everything thoroughly and if you have questions, they explain everything in detail again. I think it's good. You see everything, the forms, the people you'll be working with, I like it" (Interview #2, Orientee #2A, Appendix C). She stated she understood her role was to be a primary care giver. She stated she liked caring for patients totally. The next day of orientation was designated a clinical day. This meant she would work on her assigned unit with the supervisor instead of being in
class with the orientation instructor. She was looking forward to being on the unit and to the critical care course which was to begin immediately following orientation. She was comfortable about being on the unit because she would not have responsibility for a patient as yet. She would be able to observe and follow a staff nurse.

Interview three for Orientee #2A took place immediately following the completion of the critical care course. She stated she was excited about completing the course and ready to start her 12 hour shifts in the I.C.U. In her opinion, she was most ready to assume her role a day or so before the end of the critical care course. The reality, she said, set in when she realized that the instructor would not be with her anymore. It was at this time, she states, she believed she must be ready or the instructor would not be releasing her. Her desire for more time, she states, was due to her newness on the job and just wanting to cling to someone.

When asked what was most impressive in the orientation program, she responded by naming Instructor #2A; "That woman is remarkable. She has so much knowledge, so enthusiastic, and she helps you so much, explains things so easily. I was just really pleased having her." She stated also she was pleased that she would have a proctor while on duty in the I.C.U. whom she could call upon for assistance for the next month. She added, she would have liked more time working
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with the computer (Interview #3, Orientee #2A, Appendix C).

Orientee #3A's suggestion to improve the orientation program was to distribute manuals before orientation with the expectation that they would be read. Upon arrival in class, have discussion, and engage orientees in active participation type exercises to keep the orientee's attention during the scheduled classes.

He was most impressed by the orientation instructors. In his opinion, they were very knowledgeable, did not take short cuts, and were good role models. He was least impressed by the doctors. Some of whom were on compulsory rotations to an area they were not terribly interested in. The responses he got from some doctors convinced him of the need to know the area and be able to think on his feet. He stated nurses in the unit were willing to share.

At what point do the orientees perceive readiness to assume the expected role? Orientee #2A stated she understood her role was to be a primary care giver. She stated she liked caring for patients totally. The next day of orientation was designated a clinical day. This meant she would work on her assigned unit with the supervisor instead of being in class with the orientation instructor (Interview #2, Orientee 2A, Appendix C).

Interview three for Orientee #2A took place immediately following the completion of the critical care course. She
believed she was most ready to assume her role a day or so before the end of the critical care course. The reality set in, she said, when she realized that the instructor would not be with her anymore. It was at this time, she states, she perceived she must be ready or the instructor would not be releasing her. Her desire for more time, she states, was due to her newness on the job and just wanting to cling to someone (see Interview #3, Orientee #2A, Appendix C).

During the last interview, Orientee #3A stated he was ready to start working his 12 hour shift with two patients, the usual assignment. He would have liked more time in the classroom and would improve the program by lengthening the classroom time. The clinical practice times were adequate but did not offer enough time for discussion and grasping concepts.

His role, he stated, was a learning nurse and the orientation was effective in helping him to accept his limitations as a new graduate, to carry his own weight, and be responsible for what he knew and did. In his opinion, he was most ready to assume his role about two days after taking the licensure exam. He said he "felt good" and recognized some of his abilities to organize and respond to questions spontaneously. He did not know when he would be totally ready, but each day on the unit got easier and he was more comfortable. He stated he believed the orientation
and critical care course had really helped him.

Orientee #3A added this personal anecdote following his third interview. While checking with his classmates to find out who had or had not passed the licensure examination, he discovered among them a high level of discontent with their jobs. These classmates shared their experience of receiving 2 weeks of orientation and then assigned to ICU without further preparation. "Everybody we talked to wanted to quit their jobs except me and Orientee #2A. We were the only ones who really liked where we were, were really satisfied, and felt we got what we came for. Everybody else felt abandoned and kind of cheated and they really did get better jobs, money-wise. Now they're finding out that dollars ain't cutting it, right now" (see Interview #3, Orientee #3A, Appendix C).

In what ways do the orientees demonstrate readiness to assume the expected role? Orientee #1A expressed boredom with the classroom. "I think I'm ready to get back into the swing of things as far as my job is concerned." "I'm looking forward to my 12 hour shift which starts next week. I am really excited about it," was the way Orientee #2A demonstrated her readiness to assume her role (Interview #3, Orientee #3A, Appendix C). In an earlier interview, she stated she was looking forward to being on the unit and to the critical care course which was to begin immediately
following orientation. She was comfortable about being on the unit because she would not have responsibility for a patient as yet. She would be able to observe and follow a staff nurse.

During the second week of orientation, the second interview was held with Orientee #3A. This orientee stated there were some problems with his orientation. He objected to the amount of paper issued by the presenters and the lack of hands-on practice time. He stated he had been through worse orientations but his expectations of this organization were very high. He didn't expect the procession of presenters without doing anything but listening.

He stated he was ready to be out of orientation because he had a conflict with the head of the Staff Development Department. In his opinion, the conditions under which he was hired were changing. He expected to be released on Fridays for the months of January and February to meet the classes he was enrolled in as promised by the recruiter. The director of staff development had not agreed to this.

**Summary.** The orientees expressed their perceptions about the effectiveness of the orientation program in positive terms. In their opinion, orientation prepared them for the expected organizational role. One orientee stated she was comfortable with the expectations of the organization, another had no doubts she could fulfill her
role. Language cues and phrases used by the orientees indicated an acceptance and understanding of their organizational role. The perception of readiness to assume the expected role was experienced and stated by the orientees during the study.

Case B

The data for Case B of this study was collected in a 560 bed hospital in the uptown section of New Orleans. The hospital is a not-for-profit organization administered by a Board of Trustees. The hospital has rendered service to the community since the mid nineteenth century. Services rendered here include Internal Medicine, Emergency Room, Intensive Care Units, Surgery, Obstetrics, Psychiatry, Oncology, Diagnostic Radiologic Services, and Home Health Care Services.

Synopsis of the Orientation Program

Staff development was located on the 6th floor of the "Q" Building in the former Intensive Care Unit (tracks for privacy curtains remained on the ceiling and the extra wide doors were visual reminders of this). There were three large classrooms and one large area which was not enclosed. Four offices for the instructors, large storage closets, lockers, and a mini kitchen were also located in the unit.

Each of the offices used by the instructors had a wall of windows. The windows overlooked a planted patio on the
roof of an adjacent four story building across from another
section of the hospital. The windows gave a panorama of the
city as well as lots of bright sunshine. Two of the
classrooms also had window walls and great views. These
rooms were furnished with conference style tables and
chairs, open bookcases, bulletin boards, and stacks of
various handouts. One room was set up for Intravenous
(I.V.) Therapy classes with infusion pumps, models, and I.V.
equipment in addition to furnishings similar to the other
classrooms.

One classroom without the window wall was set up as the
Audio-Visual (A/V) room. There were 12-15 student desks
with folding writing arms, video cassette recorder (VCR),
television monitor, wall mounted screen, bookcases, and
A/V materials storage space.

The large open area was used primarily for CPR training
and emergency equipment training and storage. There were
long writing desks left over from the I.C.U. days where the
department's computer was located. The whole area was well
lighted with recessed fluorescent lights, painted in
off-white with a grey-beige asphalt tile floor. Several
plants, some real and some artificial, framed prints and
paintings, and clocks adorned the walls.

Most of the instruction occurred in the classroom with
the I.V. Therapy set up. The weather was good and there was
bright sunshine each day.

How is the orientee introduced to organizational structure, climate, and sanction? Day one started with a general hospital orientation done by the personnel department. The organizational structure of the hospital was presented by way of an organizational chart. The names of department heads were given along with a brief description of the function of each department. Three newly hired nurses, all females, were part of this general orientation group of seven.

Personnel policies were addressed next regarding hospital insurance, holidays, retirement, taxes, various savings plans, and credit union. Leaves of absence and the procedure for obtaining them were also included. The morning session ended with a film presentation on the history of the hospital.

Handouts were given, various forms were signed and the employees released to their departments. The three orientees were introduced to the researcher. An explanation and request for their participation followed. After questions, the consents were signed and the group departed for lunch.

After lunch, the three orientees met in the Nursing Service Staff Development Department. Instructor #1B passed out packets of nursing orientation materials and described
the program. In Hospital B, the orientation program is two weeks long. The Staff Development Department is responsible for the first week and the program covers nursing policy and procedures which are common to all nursing units. The hospital has a decentralized nursing administration, therefore nursing divisions may operate under separate policies according to their needs and services. The second week of orientation is conducted under the supervision of the assigned nursing division with a preceptor. The preceptors are nurses hired by the hospital to serve as clinical specialists in each of the four nursing service divisions. Their duties are to identify patient care problems, initiate solutions, and evaluate outcomes. They are also responsible for skills development of employees on their units.

Instructor #1B outlined the week the orientees would spend with her and indicated which areas could be done as optional independent studies. Each orientee was given an opportunity to sign up for the required computer class which is given weekly. The orientees were given a skills self-assessment and a form called "Personnel Data Update" to complete and return. The skills self-assessment was to be forwarded to the unit supervisor and preceptor. Next the orientees were given two copies of their job description and time to read it. One copy was to be signed and returned,
the other copy was to be retained by the orientee.

Instructor #1B was very energetic and friendly. She shook hands with each orientee when they arrived. The orientees did not speak to each other very much, only occasional questions and responses ("yes, I've heard that before" . . . "I've done that, too").

Printed material and filmed presentations were used during the first day. Feedback was solicited regularly during and at the end of each presentation. The orientees had few questions. All responded when questioned.

How is the orientee introduced to the expected organizational role? The second day began with the pharmacology test being written by the orientees. The instructor and orientees then reviewed the test and discussed incorrect answers. Each orientee corrected her own paper. One orientee had a problem with division of fractions. Instructor #1B did the problem on the board. All orientees achieved a passing score on the test. The class, that day, consisted of the same three orientees. During the film presentation they were joined by other nursing service employees. Following a break, the orientees were shown a hospital-made film on patient care standards and hospital forms. This was a rather lengthy film and after it was completed, the orientees went to lunch.

The afternoon session started with a second
hospital-made film on Infection Control. The hospital surveillance nurse presented patient care standards and demonstrated selected pieces of equipment in connection with the standards and forms required by her department. Current concerns regarding Acquired Immune Deficiency Syndrome (A.I.D.S) and protection of health care workers were discussed. Instructor #1B answered questions and extended discussion after the film presentation.

The group switched rooms to continue with a forms class. Instructor #1B gave each orientee a packet containing hospital forms. Each form from the packet was presented along with the patient care standard governing its use. These included:

a. Time schedules - how to read and how to request time off.

b. Medication administration records, med cards, medication orders forms for "convenience" drug supply, narcotic records, narcotic orders, and forms to return narcotics to Pharmacy.

c. Death Certificates, valuables' record, clothing form, autopsy request, and release of information forms.

d. Supply requisitions for ordinary supplies from Central Service.

The last session of the day was a demonstration of two
pieces of equipment used exclusively by the hospital and similar in function to other equipment. The equipment was a special kind of central arterial catheter and an occlusive dressing system. The product represents an advance in central line technology and the sales representatives were present to demonstrate its use. The group watched the demonstration and returned the demonstration under the observation of Instructor #1B and company representatives. Employees from other hospital units and the orientees attended. The hospital employees made inquiries of the orientees as to where they were to work and how did they like the hospital. The responses to the latter question were positive. The orientees were dismissed at 3:30 P.M.

The morning session of day three was devoted to an un-supervised self study of the organization's I.V. Therapy course. The orientees were encouraged to work together. They were also given an open-book test to complete. The work was interrupted for the orientees to meet the Director of Nursing whose title had recently been changed to Vice President - Nursing. Instructor #1B reviewed policy changes and proposed changes and made general statements about practices in the organization. This presentation was very animated. The instructor included short anecdotes which the orientees appeared to find interesting.

The group moved to the A/V room to watch a filmstrip on
use of the Pall Blood Filter, introduced by Instructor #1A with comments as to what to watch for. This was followed by filmstrip 2 on use of the Pall Blood Filter for platelets. The orientees seemed interested and watched both films. After this, the orientees were dismissed for lunch. The orientees returned to class to finish the I.V. Therapy test. Answers were given and rationale discussed. All orientees passed the test.

The group then moved to the un-enclosed area of the unit for Code Cart demonstration. Each orientee was encouraged to open drawers and handle equipment. Each cart had a contents card. The card had a list of supplies and their location (which was easy to follow).

The instructor stated that the day four morning session was devoted to CPR certification and since all three orientees were currently certified, they were excused from the session. The afternoon session was to be Fire Safety and disaster. The orientees were given the option of self study and testing or attendance. They chose self study and testing. On day four, each orientee reported at 2:00 P.M., took the test and left. The test asked questions about classes of fire extinguishers, handling extinguishers, hospital fire code for the public address system, emergency exits, automatic elevator functions at the time of a fire, and classification of fires. All three orientees passed the
test. Before leaving, the instructor reminded the orientees to complete the orientation evaluation form and turn it into the department or the unit supervisor.

Day five of orientation was reserved for the computer class. Instructor #2B greeted students and outlined how the day would be spent. The class consisted of two orientees and a staff member previously employed who had not been able to schedule a computer class before this time. The third orientee had been excused because of a previous personal commitment and allowed to reschedule this class. Instructor #2B acted as the manual and talked orientees through all functions of the program. She also gave her background and preparation for teaching the class.

The computer class occurred in a separate building from the hospital. It was an older building (formerly the nurses' residence) which had been renovated to house offices for hospital support personnel and the computer in-service section. Each orientee was seated at a separate table before a computer unit. Each table was set up with two types of computers. The orientees were seated at the type of unit used by Nursing Service. The room was air conditioned, had diffused lighting, computer tables, and comfortable chairs.

Instructor #2B walked around the classroom as she talked to be sure the orientees were following along and to give
assistance. She used first names of the orientees whenever she referred a question to them and also made physical contact when assisting them. When restating a direction, she moved the student's hand to the correct key on the keyboard, she laid her hand on a shoulder while leaning over to read a screen, or patted a shoulder in encouragement when the orientee performed a function correctly.

The instructor showed the students how to trouble-shoot the program for possible error, how to use the printer, and where reference and service manuals were located. She suggested that once the orientees were on the unit, they should be sure to find out where these materials were kept just in case they had a problem and no one was there to get help from. She reviewed the Table of Contents with the class.

Orientees spoke to each other upon arrival and inquired about each other's previous day. They spoke to the other person in the class also. A/V materials were not used. Practice on computers with a special practice program was used.

Instructor #2B solicited feedback in the form of, "Any questions?" or "Do you understand?" or "No questions?" Questions were related to problems getting computers to accept certain commands. "Why do certain screens contain certain information?"; "When and how are orders accepted by
other department?"; "Are there secretaries on the units?"; and questions about limits of the system. Comments between class sessions related more to exploration of the new city and living arrangements than to materials presented in class.

Each section of the class lasted no longer than one hour. This was to offset fatigue coming from prolonged time reading the screens. The material covered in each section was a function or capability of the Clinic Pac Program. A total of six hours was required for this class. The orientees followed the instructions to practice the operations for each function of the package as the instructor gave the directions. Instructions were also given for using the printer.

**Documents of Orientation**

The philosophy of the nursing department in Hospital B was part of the orientation packet each orientee received. The statement of philosophy opens with the belief that nursing service must strive to combine service, teaching, research, and aspirations with care that meets patient needs. Nursing is defined in this philosophy as an art based on knowledge, application of scientific principles, and problem-solving skills. Nursing care is part of the plan for health and relies on an individualized nurse-patient relationship.
The department of nursing strives to:

a. create an atmosphere for its members to demonstrate their abilities and potentials;

b. support and collaborate with educational programs that help its members' advance in the profession;

c. foster an environment conducive to nursing research. (Hospital B Philosophy, Appendix E).

Components of Instructional Materials. Information packets were distributed at the beginning of the nursing section of orientation. The packet consisted of a bifold folder with information sheets in each pocket. The cover of the folder had a hospital logo on it. Some of the information sheets were on colored paper. Inside pocket #1: a schedule for orientation, a personnel data update, self-assessment of skills, and an orientation checklist. In pocket #2 were procedure and policy sheets for: blood transfusions, monitoring and dispensing of controlled drugs and selected other drugs, admission record guidelines, approved abbreviations, tube feeding, and skin care.

The contents of pocket #1 were items of a personal nature and required some work by the orientee. The skills list and personnel data update had to be returned. The contents of pocket #2 were selected based on their relevancy to all services in the hospital. Other policies and
procedures specific for the assigned unit would be obtained later. Reference books and manuals were accessible in the room.

Other printed material was given out later as the week progressed. These handouts were on the following subjects: Patient Classification Standards, Guidelines for Nursing Assistant Assignment Sheets, Chaplaincy Services, Fire, Safety and Emergency Procedures, Parking Register, Policy on Absenteeism, and Drug Company Information.

Filmstrips and video cassettes were used to introduce Fire Safety, Nursing Care Plan Standards, and Patient Classification System. A new product line of occlusive dressings to be used by the hospital was also introduced via film. In the laboratory practice area, there were CPR mannequins, suction equipment, I.V. Therapy equipment and mannequins, and an Emergency Code cart.

Relating Philosophy to Orientation Materials. The philosophy of the organization is obvious and consistent in that orientation materials distributed during the program support the philosophy of the organization by directly addressing areas stated as important in the philosophy. In order to provide the standard of care required by the organization, the nurse must know the standards. These were presented by the instructor and given as handouts. To provide staff members with opportunities for development and
expression of existing abilities as well as potential, the self-assessment of skills and personnel data update forms were included in the orientation packet and specifically addressed by the instructor.

**Remediation Plans.** Written tests and performance tests were given by orientation instructors. Orientation instructors were available to review and re-test skills that were assessed as problematic for orientees. Orientees were sent back to the orientation department by nursing unit supervisors for re-education when found deficient. Previously, nurses had returned for more instruction in caring for patients with blood transfusions; when a nurse had a problem administering medication; or if a nurse had a problem with implementing the nursing process. One-to-one sessions with staff development personnel were held and self-study modules were used for this purpose.

**Qualifications of Orientation Instructors.** Staff Development Instructors are required to be registered nurses with a valid Louisiana State License and a minimum of three years nursing experience. A Baccalaureate in nursing or education as well as teaching experience is preferred but not mandatory. Both instructors met minimum qualifications for their jobs.

**Summary.** The process by which Hospital B communicated values and role expectations to new employees included a
variety of experiences, and was initiated by the orientation program. The orientation program in Hospital B consisted of a one-week general orientation to the organization and nursing service followed by a more specific orientation to the unit each orientee was assigned to. The program was structured this way because of a recent change in the administration of the nursing department. The program utilized the organization's staff as well as manufacturer's representatives to instruct the new employees. Methods of instruction included lectures, demonstrations, self-study modules, practice with equipment, a walking tour of the physical plant, and filmed presentations. The orientees were given the option of self-study followed by testing or a classroom presentation for selected areas of the orientation program. One day of the orientation period was assigned to learning the computer used by nursing. The orientation program also included time to complete legal documents required for employment in the personnel department.

Summary of Instructor Interviews

Instructor #1B is a graduate of Hospital B's diploma nursing school which no longer exists. Upon completion of her training, she began work in Hospital B as a staff nurse in obstetrics. Over the years, she was promoted to head nurse, then house supervisor. She transferred to the school of nursing where she taught nursing until the school closed.
When the school closed, she returned to the hospital in the Staff Development Department. The Staff Development Department is composed of a director, three clinical specialists, and the orientation instructor. In addition to orientation for all new nursing employees, she is responsible for CPR training, fire & safety training, and introduction of new products to all nursing service personnel.

Instructor #2B began her employment at Hospital B upon completion of her training in that hospital's nursing school. While working in various positions in nursing service, she attained a Bachelor of Science in Nursing degree. She became interested in computers and began "hacking" as a hobby. When the hospital decided to install computers, she volunteered to get the formal training necessary to teach the system to the other employees. The hospital paid for her training and she was appointed to her present position. Her responsibilities include training for each of the hospital's computer systems to all employees regardless of the department they work in. Fridays are usually reserved for nursing employees. One interview, on day five of the orientation program, was conducted with Instructor #2B because she was with the orientees only one day.

How do the participants (the providers) of orientation
perceive the process? The first interview for Instructor #1B took place on day one of the orientation program. The instructor stated, "Basically, I think I enjoy all of the orientation programs and I don't think this one is any different than any other ones. It was unfortunate that one of the orientees had a problem with the car. Because I know how her mind is going to be more on the car than orientation. But I think basically we're going to accomplish the same thing either way. There is not too much earth-shaking stuff that takes place in orientation and I don't really have high expectations. I think the biggest thing we do here is a little bit of socialization; trying to break them into the organization in a friendly way, and lowering stress. Giving them time to find their place in the sun is probably the most important thing we've accomplished" (see Interview #1, Instructor #1B, Appendix D). In the past, some nurses would return to the Staff Development Department after orientation but usually those were nurses who were re-entering nursing after a long absence or new graduates. Those nurses were more dependent and needed as much help as they could get from whatever resource. But the typical nurse who was leaving one experience (hospital) for another did not return. The nurses in this class were not new graduates or re-entering nursing so she did not expect to see them after orientation.
Prior to the start of a class, the instructor's only information about her class was their names, whether they were new graduates, and if they were part-time or full time employees. She stated the expectations a new employee had to live up to were not so much those of the hospital and its written policy but the people who supervised the employee. The supervisor's expectations were in turn influenced by the unit staffing. New nurses are not hired until there is a job vacancy, therefore a shortage always exists. If the staffing would permit the time, new employees could move up to the expectations of the supervisor but it is not always so. "The reality is that patients must be cared for," she stated (see Interview #1, Instructor #1B, Appendix D). In her opinion, some of the supervisors were very good at assessing individual needs and planning time for the employee to develop into their positions.

The instructor explained that the orientation program had recently been revised and there was no difference now in whether the nurse was part-time or full time. Also everyone received a full day in the Computer Lab.

In the opinion of Instructor #2B, the computer orientation classes were good. The day in the lab allowed the orientees time to learn the basic package and to practice with the package without the distractions and demands of the unit. In addition to the class day,
employees were assigned with the unit secretary for a day on the unit as a follow-up experience to the class. During the time she has been teaching the computer class, she has been able to identify a source of frustration for new nurses. "If they cannot come to the orientation computer class the week of orientation, when they get on the unit people are expecting them to put orders into the computer thinking they have already had computer experience" (see Interview #1, Instructor #2B, Appendix D). In addition to being frustrated, she stated, by not having the class and trying to observe others and learn, when they do get to her, they may have picked up "bad habits or even totally false information."

What are the instructors' perceptions of the orientee's ability to fulfill the organizational role? Instructor #1B perceived the hospital's expectations of the new employee were realistic in light of the problems extant in the hospital. Older hospital employees seemed stressed and hospitals are struggling to survive. Society in general expects too much of nurses and is not willing to pay for what it demands. "But," she stated, "it's the reality of life. I just don't know if the public wants to pay anymore than they are presently paying so that nurses can afford to be attracted by high salaries and better management" (see Interview #2, Instructor #1B, Appendix D).
If the employee is not able to fulfill a particular supervisor's expectations, it is possible to transfer to another area if there is a vacancy. She stated, if a supervisor is dissatisfied with an employee's performance, the Staff Development Department would be involved in specific areas of retraining. Examples cited were with drug dosages, solution calculations, and blood transfusion techniques. These retraining efforts were successful.

Other instances of nurses referred back to the department were, if the nurses were required to work more than one unit or needed training in starting IV's. The nurse returned for two days to learn special techniques. The instructor did not believe this was enough time to work on the problem.

One unrealistic expectation noted by the instructor was the need to pull a nurse from one unit to cover another unit that the nurse is not familiar with and expect the nurse to function well. Patient care must go on and the nursing shortage makes this practice necessary. She stated, "I briefly address this. It is just a short blurb. I do it mainly to let them know it is expected" (see Interview #2, Instructor #1B, Appendix D). So when it happens, the nurse is not totally unprepared.

The orientation program, in her opinion, does what it needs to do: put new employees in touch with major problems that will affect them and let them learn basics about the
hospital without a lot of responsibility and at a slower pace than they will have on the unit.

Through observation, Instructor #2B was able to see who was adapting, who was intimidated, who was going to be a slow computer user, and who was incorrectly anticipating future computer screens. She likes students to ask lots of questions especially when the questions imply an attempt to relate computer use to their work area.

There had been no need to retrain any employee in computer use. When procedural changes are planned, the changes are announced in various management meetings and fliers and announcements are distributed.

Are organizational constructs understood and accepted during the orientation program? To signal readiness, Instructor #1B looked first for attentiveness and appropriateness of responses to material being discussed. She cited one orientee in another class who had been disruptive but she attributed this to immaturity. In her opinion, most nurses are able to discuss their needs and common issues as adults and get on with the program. One orientee she recalled did have problems in orientation and later failed the licensure exam and had to be let go. Before being let go, she did return to the Staff Development Department to work on a problem area upon her supervisor's recommendation. Whenever the instructor picks up negativism
or possible problems, she shares her perceptions with the supervisor but does not write anything that could later prove harmful to the orientee or herself. This instructor says she also looks for body language and facial expressions but realizes that learning is not always completed until the person reaches the clinical setting.

Interview #2 occurred on the Monday after orientation. At that time, the instructor's opinion was that all of the orientees would be able to move into the clinical areas and function well. She believed they all had a good knowledge base, good attitude, and good social skills. Good social skills were important because nursing is a social type service, she stated.

Instructor #2B believed this group would function well. They had none of the usually observed difficulties and the quality of their questions implied understanding.

**Summary.** The instructors' expressed perceptions about the orientation process were positive. The instructors were able to list the behaviors they observed in the orientees that indicated understanding the expected role as well as those behaviors that indicated a need for retraining. The instructors assessed readiness to assume the expected organizational role during the orientation period and projected when the orientees would be fully functional.
Summary of Orientee Interviews

Orientee #1B lived in Florida and commuted weekly to Hospital B to work in their flex-nursing pool. She had a baccalaureate in nursing from the University of South Alabama in Mobile. She had no plans at this time for further formal education. She had worked in Hospital B as an agency nurse, working two double shifts a week. She enjoyed the environment as well as the work and when the hospital discontinued its use of agency nurses, she returned as flex staff. The pay in the flex-nursing pool would be lower than agency rates but higher than her full time job in Florida. She liked the hospital well enough to return in spite of this.

Orientee #2B was a registered nurse with a baccalaureate degree from New York University. She selected this hospital because of its reputation of providing quality patient care and excellent nursing education in a community where competition in both areas was keen. Since her graduation in 1984, she has held four positions. Each time she changed jobs, she changed cities. She was born in the northeastern part of the country but expressed a desire to live and work in the south. Her primary interest was intensive care nursing. She was hired in a less than forty-hour per week or part time position.

Orientee #3B worked for an agency that supplied
hospitals with full-time temporary nurses. These nurses were referred to as contract nurses. This nurse had not selected this hospital as much as she had selected a city to work in. She had worked all over the United States, most recently in North Carolina. Her nursing preparation was an Associate Degree in Nursing from San Francisco City College in 1982. She requested and received an assignment on a surgical unit. Her agency had no influence or control over the orientation she did or did not receive.

How do participants (the receivers) of orientation perceive the process? Orientee #1B believed the orientation program was satisfactory but had had some missed communication as to the length of orientation. During the first interview on day one of the orientation program, she understood her role to be a health care provider - Staff R.N. - and stated she had plenty of experience. Since she had not been exposed to much of the hospital policy, she could not say the orientation program was effective in that respect. She did express dissatisfaction with the pace of the class. In her opinion, much time was wasted and better timing would have accomplished more.

During Interview #2 for this orientee, which occurred on day three, she stated she "felt real good" about the program and was learning things that would be helpful for the assigned unit. She spoke from her experiences as an agency
nurse in this hospital.

The first interview for Orientee #2B occurred on day two of her orientation. Orientee #2B stated, "Well, I feel good that they are going to pass on to me the policies of this organization. That makes me feel that they do have standards and ground rules that they go by and they are interested in quality care if they are putting me (just a part time employee) through this long orientation and it's a paid orientation" (see Interview #1, Orientee #2B, Appendix C).

She understood her role to be the giver of safe quality care to patients, to include the patient's family and to provide continuity in the staffing plan on her unit. She did not, at this time, believe she was part of the team. She said she perceived movement and change. She based this on certain words she heard repeatedly about the new administration and the hospital reorganization. The perception of movement did not threaten her or make her uneasy because as she stated, "I feel like an outsider looking in. I found it very interesting to learn yesterday in my interview that they had the same director of nursing for seventeen years. I've seen this before in small hospitals, particularly in the south. The move starts in administration. The people who have been on staff for many years feel threatened. Sometimes they get left behind in
the movement and change" (see Interview #1, Orientee #2B, Appendix C). Orientee #2B stated she was impressed by the way the instructor for the general hospital orientation got the group to interact. None of the group talked to each other at first.

At the time of her first interview on day one of the orientation program, Orientee #3B stated this program seemed well organized and an easy place to ask questions. She compared this experience to others she had and in comparison, it was a little long. While there were no set rules for contract nurse orientation, the usual procedure was one day to learn paper work, one day on the unit with a buddy, then on your own. She admitted, "It is scary but I catch on quickly and ask lots of questions. Patient care is the same but charting changes drastically from place to place" (see Interview #1, Orientee #3B, Appendix C).

She understood her role as to function safely as a staff nurse, observe nursing standards for patient care, be friendly, and a little more concerned about the family than she was accustomed to. Her suggestion for improving the program was to eliminate the video tapes and have live presentations. She was most impressed by the orientation instructor. In her opinion, the instructor knew the organization and seemed to know patient care. She did not get the idea the instructor was far removed from the
bedside. Her previous experience had been with orientation instructors who knew more about administration and asked for questions to be saved until one reached the assigned unit.

What can orientees recall and share from their perceptions of the orientation program? Orientee #1B was most impressed by the instructor's positive attitude and energy. She did learn a few things on the tour. Examples cited were: location of the credit union, Security Central station, and Computer Lab.

During the third interview, Orientee #2B stated her job was "to work as a staff nurse in ICU, give competent care to critically ill patients, work in harmony with other staff members, and to treat the patient's family with courtesy and respect" (see Interview #3, Orientee #2B, Appendix C). She was most impressed by the hospital's physical plant, good working equipment, availability of supplies, and a helpful but not smothering staff. She was least impressed by the medical staff and believed orientation did not prepare her for the personality quirks.

Orientee #3B believed she identified more with a place when she knew its history. She recited some of the history of Hospital B. "It's a private hospital, it's got 500 beds. Dr. Levin developed the N/G tube here. The hospital was founded by Judah Touro who was a merchant marine and found the hospital for the care of merchant marines and
indigents." When asked if knowing the history deepened her appreciation for the organization, she responded, "Most definitely. I feel you can identify more with a place when you its history and you can feel part of that when you're working in the hospital. It gives me a sense of continuity and pride in what I'm doing. It makes you feel like you don't want to let history down" (see Interview #1, Orientee #3B, Appendix C). Her interest in history was further demonstrated by an anecdote of nursing history. The story was of how nurses removed blood from leeches before returning them to the pharmacy.

How do new nurses perceive the effectiveness or ineffectiveness of the program to prepare them for the expected organizational role? During the second interview for Orientee #2B on Thursday, or the fourth day, she stated she was "positive about the orientation program because nothing disappointing has happened" (see Interview #2, Orientee #2B, Appendix C). She expressed a dislike for the videos shown but believed is was not a negative or bad reflection on the program's organization. It was just her personal dislike.

Orientee #2B stated she perceived the orientation was effective because it gave a subtle message that the organization could be trusted. "So, if they promise orientation and give orientation, you begin to believe you
can trust them the next time a promise is made. It's kind of subtle but it's there and it's important" (see Interview #2, Orientee #2B, Appendix C).

The program was effective, in Orientee #3B's opinion, up to a point. The organization had given an orientation as they promised. She was able to ask questions and have them answered. The time and place where orientation failed was on the clinical unit. Since she had not been on her assigned unit, she wanted to offer a tentative "yes" to the question of readiness to assume her role.

Her third interview was conducted after the first week of clinical orientation. At this time, she stated she was ready to do her job which was to give safe patient care, help family and visitors and to continue the image of the hospital as a leader in health care in the south.

There were no areas of orientation she would have increased or decreased. She was impressed by the orientation instructor and her head nurse, particularly by their enthusiasm about the hospital and knowledge of it. She was least impressed by the video tapes used in the program.

At what point do the orientees perceive readiness to assume the expected role? In the opinion of Orientee #1B, she was ready to assume her role as a R.N. care giver when she came to the organization. When she was employed as an
agency nurse, there was no orientation but she was able to function because she asked a lot of questions and was selective in choosing the people to ask.

Orientee #1B did not return after day 4. She was contacted after the study was completed. She had returned in July after her trip to the Philippine Islands and China. Her plans for working in Hospital B had changed when she returned from her trip. She accepted a full time position nearer her home and worked in Hospital B once every six weeks. In her opinion, the orientation was long and did not suit her because she had worked in the hospital before. There was no new information for her in the program. She stated she believed Instructor #1B had a positive attitude and that she liked her.

Orientee #2B spoke of a perception of comfort developing for her because she could find her way around the hospital. She attributed this to the walking tour taken on day one. She also cited the orientation instructor as someone she would be comfortable with and would not hesitate to seek help from.

She expressed her understanding of her role in the organization as "to be a team member in the ICU, to be a patient advocate to help the family, and practice nursing safely." To her, the program was effective in providing information, time to digest the information, and a resource
person to clarify her questions. She was ready to assume her role, she said, because of the positive experiences.

The third interview for Orientee #2B occurred during her third week of employment. Her work schedule and other demands on her personal time did not permit an interview before this time. She stated she was ready now to apply her learning to the new situation. She stated she was comfortable trying to apply her new knowledge on the unit. She stated she still had difficulty locating equipment and supplies in the unit and this produced some stress. She did not believe her stress and inability to immediately locate an item compromised the care she gave to patients. Her assignment did not include a preceptor or buddy but she stated she was never left completely alone. There was always someone in the unit to ask a question of or get help from.

In Interview #2, Orientee #3B stated she believed the program was good. She added a new dimension to her description of expected role, that of patient advocate. She also learned that even though she was a temporary employee, she was treated like staff or as a team member.

In what ways do the orientees demonstrate readiness to assume the expected role? Orientee #2B stated her role in the organization was to give safe competent care to critically ill patients in I.C.U., to work harmoniously with
other staff, and to treat the patient's family with courtesy and respect. She said she came aboard ready to "sink or swim." The orientation program was like a life preserver and she did not have to sink. Each day she became a little more comfortable and a little less stressed.

There were no areas of orientation Orientee #3B would have increased or decreased. She gave a qualified 'yes' to her readiness to assume the expected role because of what she learned in orientation. "I would say, yes. I'd qualify that until I've had one day of clinical because that's when you have to know what the setup is and just do things. Once that's done, I'll be better able to say. But up to now, so far as paper work, policies, and where to go for problems, yes I'm comfortable with that" (see Interview #2, Orientee #3B, Appendix C).

The third interview for this orientee was conducted after the first week of clinical orientation. At this time, she stated she was ready to do her job which was to give safe patient care, help family and visitors and to continue the image of the hospital as a leader in health care in the south.

Summary. The orientees expressed their opinions about the effectiveness of the orientation program in positive terms. In their opinion, orientation prepared them for the expected organizational role. One orientee stated she was
comfortable with the expectations of the organization, another had no doubts she could fulfill her role. Language cues and phrases used by the orientees indicated an acceptance and understanding of their organizational role. The perception of readiness to assume the expected role was experienced and stated by the orientees during the study.

A Review of the Data

The data for this study was collected in two hospitals in an urban setting. The hospital in Case A is owned and operated by the Federal government. Services are provided free of charge to the patients. The hospital in Case B is a not-for-profit privately held organization. Both hospitals had a bed capacity of over 500 beds and offered similar clinical services. One exception was the obstetrical service in Hospital B which is absent in Hospital A. Neither of the hospitals had a pediatric unit. Both hospitals used in this study support education of health care professional and the research process.

Hospital A provides residencies and training opportunities for students in medicine, nursing, and other allied health care areas. The research process is supported by the organization and presided over by a special committee. Hospital B provides a limited number of training opportunities for allied health professional. In previous years, Hospital B conducted a three year diploma nursing
school. The hospital has been a pioneer in support of clinical research. The prototype of present-day Nasogastric tubes was developed here.

The departments of nursing in the hospitals of the study were similar in structure but the management styles were not. Management and delivery of nursing service in both hospitals were excellent. Hospital A used a centralized management system with the traditional flow of authority from Director down. Hospital B used a decentralized system of management. The unit supervisors had autonomy and responsibility for managing their units. The change from centralized management to decentralized management was new and staff was still in an adjustment mode. The orientation program in each hospital was essentially the same but had been arranged to meet specific organizational needs. In Hospital A, a multi-phase program which could be extended up to one year existed. The purpose of the extension was to allow the new nurse to become fully functional in the expected role under supervision and to permit a time for re-training if needed without impairing unit coverage. This program's initial phase was comparable to the initial orientation at Hospital B. The program in Hospital B was not defined as a multi-phase program but there was an understanding between unit supervisors and staff development personnel that orientees could return for needed retraining.
as evidenced by the evaluation tools.

The initial orientation in both hospitals was based on requirements for hospital accreditation, labor laws, state nursing standards and policies of the organization. The time period within which this initial orientation occurred was different. In Hospital A, the time period was three days to two weeks. In Hospital B, it was one week. In Hospital A, the program was planned and scheduled by the instructor. The instructor was able to rearrange the presentations on a "need to" basis as demonstrated on the occasion when one orientee was absent and when the change facilitated the completion of orientation for the orientee who had only been out of service for thirty days. In Hospital B, the orientation classes could also be rearranged by the instructor to suit the orientee's needs.

Participation in the computer class was encouraged the first week of orientation but could be scheduled later.

Both Hospital A and B utilized the unit personnel to complete orientation. The process is not considered complete in either organization until the orientee has spent time in the organizational role on the unit. The unit supervisor or head nurse has the opportunity to observe and evaluate the orientee's performance at this time. In Hospital A, the orientee spent selected days during the initial orientation phase with the head nurse on the unit; a
gradual moving to the organizational role. In Hospital B, the orientee did not go to the unit until the first week of activity was complete.

The materials used in both programs were similar. The information consisted of policies, procedures, hospital stationery, descriptions of department services, calendars, pay scales, diagrams of organization's physical plants, organizational charts, telephone lists, and forms. These were placed in packets in Hospital B and in booklet form in Hospital A. Both programs used video tapes for portions of the programs. Each program had textbooks, manuals, and other references readily available in the department for the orientees.

Evaluation of the orientation program in Hospital A was accomplished through an orientee exit evaluation form and by monthly unit reports done by the head nurses. Each orientee was given an evaluation form on the last day of the orientation program. They were instructed to complete the form and return it at a convenient time before the end of orientation. The time frame of the orientation period was flexible and depends on the orientee's progress on the assigned unit. Evaluation forms were expected before the orientee was released from the staff development department to assume a regular work schedule on the assigned unit. Head nurses, supervisors, and staff development instructors
held monthly management meetings. A report presented at this meeting included a progress report on orientees. This report determined the time orientees were transferred from the staff development schedule to the assigned unit's schedule. The instructors reviewed orientee evaluation forms and head nurse reports at the staff development departmental meetings to determine the program's effectiveness.

Hospital B used a written evaluation form from the orientee as part of their evaluation plan. The form was part of the orientation packet. The instructor stated that every three months she used the comments from the form to create a composite evaluation form. This form was reviewed by the staff development department personnel to identify problems, needs, and trends. Head nurse's and supervisor's comments were welcomed but there was no formal vehicle for transmitting these comments.

The orientation programs in both hospitals were also evaluated by standards set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This national organization required that an orientation to the specific duties and responsibilities in the organization be given. JCAHO standards required the orientation to be based on the assessed abilities, knowledge, and skills of the orientee and any necessary instruction should be given.
before patient care was given. An additional evaluation factor of JCAHO was the availability of professional books and periodicals to the orientees. The programs in both hospitals were in compliance with the standards of the Joint Commission on Accreditation of Healthcare Organizations.

Each of the orientation programs had two instructors. The instructors met the requirements for their position according to the hospital. In Hospital A, the instructors worked together, sharing teaching responsibilities. In Hospital B, each instructor had her specific area. The instructors in both hospitals conveyed an enthusiasm for the organization, the nursing process, and the orientee. The instructor in Hospital B brought to the orientation program a personal historic view of the organization. This was possible because she had been employed in the organization in various capacities for thirty-seven (37) years.

The orientation class in Hospital A consisted of three orientees. Two of the orientees were new graduates and had never worked before. One orientee had worked in the organization before. The orientation class in Hospital B also consisted of three nurses. These nurses were all experienced nurses with recent hospital experience and not hired for full-time employment. Comments from the orientees in each hospital were positive and accepting. In Hospital B, the orientees each expressed positive comments about the
completeness of orientation and being paid even though they were not full-time employees. The orientees were able to state their expected organizational role and had no problems with the hospital's expectations. In both hospitals the nurses were able to select the area in which they wished to work and were assigned to the selected area.

Pattern Matching

Proposition One

New employees participate in orientation programs because they want to function to the best of their ability and as expected by the organization in their new job.

Proposition one was addressed by questions on the interview schedule labeled RQ1, 1A, and 1B. The orientees' interviews and the investigator's observations of the orientees were the data sources.

Prediction 1: Orientees will experience and be able to verbalize their emotional response to the employer's expectations. Orientee #2B stated that she felt the beginning of trust in her relationship with the hospital. The organization promised orientation and gave it. Next time the hospital promised something, she would be inclined to believe them. Other responses indicating trust-building was that these orientees were part time and temporary employees but the organization was willing to invest in them just as if they would a full time permanent employee. Two
of the orientees mentioned this and indicated it as another positive perception for them.

Orientee #2A stated her worst fear was that she would be "thrown in" not prepared for what she was to do. As orientation progressed, she found that this would not be so.

Orientee #3B used the word 'scary' to describe working in other places because of less complete orientations. She was not experiencing this feeling in this orientation.

Other responses from orientees about the program were positive expressions such as, "I feel pretty good;" "I feel it is very good;" "I feel it is good and thorough." "I love it, I wish I would have had it 15 years ago."

Orientees did verbalize emotional responses to the employer's expectations. This prediction was true.

Prediction 1A: Orientees will use words with positive connotations to express their interpretation of the orientation program and its perceived effectiveness and meaning to them. Orientee #1A, who had been employed in Hospital A for 15 years, had positive statements in response to the question of how she perceived the orientation. She was able to cite topics covered in orientation that were important to her but she had forgotten over the years.

Orientee #3A was positive in his response to questions but was having some negative feelings about the organization because of an incident he was involved in. The incident, to
him, implied a broken promise. Despite these feelings he was continuing in the program for orientation.

Orientees #2A and #3A had both worked in the organization as students and as short term temporary employees. At that time, they were not given the same type orientation. They were able to make comparisons to the previous time and were more satisfied, as evidenced by their responses, at this time.

Each of the orientees was able to state what she believed was expected of her in Hospital B. The responses included concepts of patient advocacy, safety, family inclusion, and community image. These concepts are not unique to this organization in that most hospitals state these ideas in their philosophies. However, these were mentioned specifically in the overall general orientation. The orientees were able to restate them in the interviews as an organizational expectation. The orientees gave no indication that these expectations were impossible or unrealistic for them to attain.

Orientees included in their responses items covered during the sessions which were meaningful to them and things they felt would help them function. (These included paperwork peculiar to the hospital, procedures for obtaining medications and supplies, and care of patients with central lines).
The orientees' perception of effectiveness of the program was positive. Their statements indicated they believed that they were getting information they needed to function in the hospital, a sense or feeling of the physical environment because of the tour, and a sense of direction because of the type of orientation materials. Effectiveness was also interpreted by one orientee as saying what is going to be done and doing what is said. Another orientee believed the organization had met its objectives and this implied effectiveness to her.

Orientees were asked, specifically, "What impressed you most in orientation?" Each responded by naming the orientation instructor, while one added, "the whole hospital." The "whole hospital" response was qualified as the beauty of the physical plant, working equipment, available supplies, and the helpful attitude of the staff. The orientation instructor's knowledge, enthusiasm, and general personality were cited. An observation of one orientee was that she is a good first person to know in the hospital.

The orientees in Case A and Case B expressed, in terms the investigator interpreted as positive, their interpretations of the orientation program as well as its effectiveness and meaning to them. This prediction was true.
Proposition Two

The most beneficial role transition for the new employee involves integration of personal goals and expected organizational roles.

Proposition two was addressed by questions labeled RQ2 and 2A on the interview guide and observations of the investigator. Two predictions were used to test this proposition.

Prediction 2: The first perception of readiness to assume the expected organizational role will be experienced by the orientee during orientation. Orientee #1A stated she was ready to "get back into the swing of things" after her 3 day orientation. Orientee #2A was not able to see her own readiness to perform her job until she realized that Instructor #2A would not be preparing to release her if she was not ready. Orientee #3A was eager to "start his 12 hour shift with an easy 2 patient load" in the Intensive Care Unit after his special training course (see Interview #3, Orientee #3A, Appendix C).

Orientee #1B stated the pace of orientation was too slow. She believed she was ready to perform without orientation because she had worked in this hospital before.

In describing her perception of readiness to assume the role, Orientees #2B described a feeling of restlessness to be on the unit. The length, depth, and pace of the program
had increased her desire to put into practice what she had learned and to test when or if what she had been listening to was fact. Orientee #3B's statement that "usually I've found if things are not effective, it's in the clinical area, when I'm on the floor. I don't have a person to answer questions, I don't have any guidance. That's when I find orientation to be ineffective. Here in the classroom, it's been very good when you're on the floor and no one has time, they just push the work at you and say 'do it', then they run to the other direction to do their work. That's when orientation falls apart." She was ready to perform as well as test the effects of the program (see Interview #3, Orientee #3B, Appendix C).

Another response, indicative of the level of commitment generated by the orientation, was stated by Orientee #3B. She stated she did not want to let the organization down. This was in response to what she had learned of the hospital history and contributions to the community it served and the quality of the orientation program.

These expressed feelings of restlessness to be on the unit, wanting to test the facts of orientation, and desire to uphold the image of the organization, were how the orientees perceived their readiness to perform. Their described restlessness to be on the unit trying to implement the orientation program concepts and their anticipation of
the work on the unit were interpreted by the investigator as the way orientees demonstrated their perception of readiness.

The goals of the orientees in Hospital A were to work as nurses in this hospital in specialty areas they selected. All were able to meet their first goal, that of getting the assignment they wanted. In order to get their assignment, Orientees #2A & #3A also had to complete an additional training period to qualify to work in their selected specialty area. Each was able to successfully complete the additional training, thereby moving closer to their goal of becoming Intensive Care Unit nurses. Each was enthusiastic about his or her assignment and accomplishment. Orientee #1A was able to resume an assignment she had for eight years previously on a psychiatric unit.

All of the orientees in Case B were experienced nurses who had worked in general hospitals recently. The type of patients and unit assignments were similar to the ones they had left. Each of these nurses had different personal goals. Orientee #1B's goal was to work a special 32-hour per week schedule then return to Florida and have the remainder of the week to pursue other interests. She requested and received an assignment on a surgical unit. Two of her personal goals were met. Orientee #2B accepted the position on a part time basis so that if she were able
to perform acceptably, she could convert to full time. Her request was to work in the Intensive Care Unit. At the conclusion of orientation, she had decided she felt comfortable enough to make the change. Her statement was she had come prepared to "sink or swim." When she learned the organization was prepared to offer her the assistance and information to succeed, she remained. This orientee was able to also meet her goals of getting the assignment she wanted and converting to full-time employment after she felt comfortable in the organization. Orientee #3B was also able to fulfill her goal in the organization. Her goal was to work in a surgical unit. This nurse's overall goal was to live and work in this city. The organization had accepted her for employment. This act enabled her to realize that goal. The orientees came to the orientation expecting a less in-depth and more brief introduction to the hospital. They stated they were prepared to attempt the role in the organization with whatever amount of orientation offered.

The first perception of readiness to assume the expected organizational role was experienced by the orientees during orientation. This prediction was true.

Prediction 2A: Language cues and phrases used by the orientees will indicate acceptance and understanding of the expected role. Orientees in Hospital B used the terms patient advocate, team member, and community image in their
responses to interview questions. These terms were used by the orientation instructor and personnel employee during their initial sessions. The concept of family inclusion, another expression frequently mentioned in Hospital B, was reflected in the responses given by the orientees. The fact that the orientees incorporated these terms in their statements of expected organizational role without hesitation or qualification implied to the investigator acceptance and understanding.

In Hospital A, the orientation instructor spoke to the orientees in terms of the career potential in the organization. Orientee #1A's departure from and re-entry to the organization indicated her acceptance and understanding of this concept.

Orientees in Hospital B used language and phrases originally used by the orientation instructors. This usage indicated awareness, understanding and acceptance of the organizational role. This language usage did not occur in Hospital A. This prediction is partially supported by the data.

Proposition Three
Dissonance between individual goals and expected organizational roles are observable in orientation.

Proposition three was addressed by interview questions labeled RQ3, 3A, and 3B. Observations of the investigator
during the instructional sessions were also a source of data.

Prediction 3: Orientation instructors will use words with positive connotations when describing the orientation program they are involved in. Orientation Instructor #1A perceived the program as a good program because of shared responsibilities within the Staff Development Department. She stated that other Staff Development instructors and staff members' participation in the program enhanced it. She had overall responsibility for the program and this prevented her from accomplishing other activities. An outgrowth of her personal style and inquisitiveness lead to the creation of a series of informal get-togethers with her previous orientation classes. The purpose of these meetings were to find out how the nurses were faring on the units and to improve orientation based on their input.

Orientation Instructor #1A stated the instructors in her department were supported by administration when they tried new and innovative ways to improve their program. This support was meaningful to her and was interpreted by the investigator as positive.

Orientation Instructor #2A cited the fact that the program was under revision to improve and she liked this. Through her openness to try new ideas, she was able to change her opinion of new graduates in the Intensive Care...
Unit after working with the orientees of this study. The investigator viewed this self-revelation of bias and the subsequent change as a positive response.

Instructor #1B stated she enjoyed the orientation programs and felt, "The biggest thing they do is a little bit of socialization, breaking them into the organization in a friendly way by lowering stress and giving them time to find their place in the sun" (Interview #1, Instructor #1B, Appendix D). Instructor #2B stated she felt the program was a good one. It provided enough time and supervised practice to master basic information that could be adopted to their everyday use.

Orientation instructors used words with positive connotations when describing the orientation program they were involved in. This prediction was true.

Prediction 3A: Orientation instructors will be able to list and/or describe those behaviors which they perceive indicate the new employee does not understand the expected organizational role and needs retraining. Instructor #1A perceived a problem with one of the orientees. She did follow-up on her perception of negativism. What she learned was not dissatisfaction with the material being presented but with information given to the orientee prior to orientation. She was able to address the situation which could have developed into a problem for the orientee and the
Instructors #1A and #2A spoke of trying not to rely on such intangibles as feeling, but by relying on her feeling in this one instance, Instructor #1A was able to ask questions which led to the solution of a beginning problem. However, both instructors were able to cite behaviors they interpreted as problematic and as having the potential to interfere with success in the organization. Instructor #1A cited belligerence, anger, and hostility. She gave an example of an orientee in a previous class with a physiological deficit that resulted in negative behavior. "When I spoke to this individual about her sleeping and asked if it was typical, she said 'no'. We explored some physical symptoms and she was seen by a physician. Come to find out, she was hypoglycemic and didn't know it. But it [sleeping in class] certainly was negative behavior" (Interview #1, Instructor #1A, Appendix D). Instructor #2A referred to poor psychomotor skills and lack of motivation as behavior she interpreted as problematic.

When asked to list the behaviors that the instructor saw and related to dissonance, Instructor #1B described previous orientees who were immature and disruptive in the classroom. Instructor #2B looked for the ability to follow directions and keep up with the tasks assigned and the number of questions asked. Both instructors stated their
expectations were for the orientee to feel comfortable but did not expect to see mastery. This expectation was due to the time each spent with the orientee and because the classroom setting was not a full test of a nurse's ability to function.

Orientee #1B did not return after day three of orientation. When asked if this indicated dissatisfaction and an end to employment, the orientation instructor did not agree with this idea. The instructor's response was, "Right now her mind is on her trip to the Orient and I don't blame her. I think she will be committed enough to do what is expected of her. She has had a chance to look us over. Had we fallen short, as far as her standards and ideas were concerned, she would not have returned" (Interview #2, Instructor #1B, Appendix D). The behavior exhibited by the orientee was perceived by the instructor as a simple schedule problem. She interpreted the orientee's return to the organization, after having worked there as a contract nurse, as indicative of commitment.

The instructors of Cases A and B were able to describe behavior they looked for in the orientees to indicate problems. The instructors also described perceptions or gut feelings they had about the orientees. The instructors handled these observations and perceptions in two ways. When possible, they followed up by talking to orientees
either in a class session or outside of the sessions. These information seeking sessions were helpful to the orientees twice during this study. When follow-up was not possible or follow-up did not work, the other way instructors handle their perceptions was to transfer this information to the person who supervised and/or evaluated the orientee next. These feelings were qualified and in some cases apologized for when told to the supervisor or charge nurse.

Orientation instructors were able to list and describe behaviors which they perceived indicated the new employee did not understand the expected organizational role and needed retraining. Prediction 3A was true.

Prediction 3A1: Orientation instructors will be able to list and/or describe those behaviors they perceive indicate the new employee does understand the expected organizational role and is ready to assume the role. Instructor #1A felt the incentives offered by the organization for career growth were stimulating to these orientees. She stated she had spent time with the orientees outside of the program to find out, "Why are you here when you could be some place else?" (Interview #2, Instructor #1A, Appendix D). The result of this conversation implied to her that the orientees were looking at nursing in this organization as a career, not just a job. The conversation also implied to her that they could and would agree with the philosophy and mission of the
Instructor #2A felt the orientees would grow into their positions as Intensive Care Unit nurses. Her observations of the orientees in the unit as well as their performance on written tests made her feel this way. Their enthusiasm for the Intensive Care Unit course and their performance helped her reevaluate a biased opinion of new graduates working in the Intensive Care Unit.

The orientation period in Hospital B provided a shorter time and opportunity for the organization's instructional staff to observe the orientees as the orientees learned their expected organizational roles. The size of the orientation class (2 orientees) enabled the instructors to validate perceptions of negativism which may or may not have indicated dissonance between individual goals and expected organizational roles. Neither instructor observed behavior that was interpreted as negative in the class. The two instructors in Case B stated they felt the orientees would do well in this organization. They were able to list personal qualities observed in the orientees which made them believe this. They saw the participation in orientation as a desire to succeed and the level of participation as indicative of desire to bring their goals in line with the organization.

Orientation instructors were able to list and describe
behaviors they perceived indicated the new employee understood the expected organizational role and were ready to assume it. Prediction 3A1 was true.

Prediction 3B: Orientation instructors will be able to cite, predict, or project a point in time when the instructor perceives the orientee is (or will be) ready to assume the expected organizational role. The instructors in Hospital A stated their perceptions of orientees #2A and #3A's ability to perform in the organization in percentages. Instructor #1A was 75% sure the orientees would be able to perform as expected. Instructor #2A was 85% sure. Both instructors justified their percentage estimations. Neither Instructor #1A nor #2A commented on Orientee #1A.

During the week of orientation, Instructor #1B had observed the orientees and arrived at these conclusions:

Orientee #1B was a "nice girl" who had worked there before and had the opportunity to look over the hospital as a pool nurse. She would have few surprises and fewer problems. It could be viewed as positive for the hospital that she had returned after her experience there as a travel nurse. She perceived some preoccupation and possibly a little boredom. She stated she knew why and expressed appreciation for the reason.

Orientee #2B came to the organization with
experience, a positive attitude, and high personal standards. She should not have problems in the organization unless her standards were too high for the organization.

Orientee #3B had a good nursing knowledge base, appeared competent, had a pleasant attitude, and was not ready to settle down. She felt the orientee was interested in travel and seeing things but was willing to work and would probably do a good job (Interview #2, Instructor #1B, Appendix B).

Her summary of the group was they asked pertinent appropriate questions, they possessed good social skills and performed well on written tests. The social skills are very important because nursing is a service profession and knowledge without social skills limits a nurse.

Instructor #1B stated she relied on her observations, test scores, and gut feelings to determine if an orientee was grasping what she was teaching. Within the short time and with her doing most of the talking, it was difficult to know for sure but she listened for questions that were appropriate to the material being presented as one indicator. She also said she read body language and looked for small nuances of behavior (i.e. moans and groans in response to the pharmacology test) to gauge understanding. Instructor #2B felt the basic information computer course
she taught was understood. She felt the expectation that nurses were required to use it correctly was understood and accepted by the orientees when they left her class.

Instructors were able to cite, predict, or project a point in time when the instructor perceives the orientee was (or will be) ready to assume the expected organizational role. This prediction was true.

**Proposition Four**

Orientation programs are provided to enable new employees to move smoothly into the organization and carry out its function.

Proposition four was addressed by questions on the observation guide labeled RQ4A, 4B, 4C, and 4D. The investigator recorded answers on the guide as the instructional session took place. Documents used in the instructional setting were reviewed and the questions listed on the guide specifically designed for orientation document observation were answered.

Prediction 4A: The organizational structure will be explained and/or demonstrated to the orientee in the orientation program. In Hospital A, the organizational structure was introduced via two film presentations. One of the films was on the system of services, while the other was on nursing services throughout the system. The films also described the conditions existing in the country which led
to the founding of the system. These films helped establish
the vastness of this hospital system and aided in
understanding the possibilities for nursing advancements
available through it. This presentation further extended
the climate of the bureaucracy but permitted an opportunity
for appreciating it because of the size of the system.

In Hospital B, the orientées were first introduced to
the organizational structure by the Personnel Department.
The employee conducted the class in an informal group
format. She started with an "ice breaker" by which the
seven participants got to know each other. Presentation of
the organizational structure was done with the aid of a
chart. The clerk supplied the names. Personnel policy
regarding taxes, retirement, leaves, savings plan, and
credit union were discussed. The orientées completed the
required forms. The last activity was a slide presentation
of the history of the hospital. The personnel clerk used
humorous anecdotes to lighten her presentations.
Organizational structure was again introduced in the nursing
orientation via the organizational chart for nursing service
and actual introductions to administrative nursing staff in
a brief meeting.

Presentation of the organization's structure via films,
charts, handouts, and lectures did occur. Prediction 4A is
true.
Prediction 4B: The organization’s expectations of the new employee will be communicated via job descriptions, objectives, and philosophy. The orientation instructor in Hospital A introduced and assisted in establishing role expectations with the orientees. Through supervised reading of job descriptions, discussion of the nursing service film, and giving information about the hospital, she imparted the organization’s expectations. Introduction to department heads was another way the orientee’s role expectation was conveyed. Each department representative described the departmental function in the organization and how it interacted with nursing service to provide care.

Organizational role expectations at Hospital B were first introduced in personnel orientation. These concepts were introduced relative to the roles of all employees of the hospital: to act as patient advocate, to continue the community image of the hospital as a leader in health care, and to extend special courtesy to patient’s family and visitors. These concepts were restated in nursing orientation by the orientation instructor. The orientation instructor provided each nurse with two copies of their job description, one to keep and one to sign and turn in. A copy of the philosophy and objectives were part of the orientation package.

Evaluation of the orientees' move into the expected
role was performed by the orientation instructor and unit supervisor or charge nurse. A performance evaluation based on the job description was used. Both were looking at the new employee to maximize the retention of the individual in the organization. The time frame of orientation in these organizations was flexible enough to allow for retraining and support training for those skills the new employee was not proficient in.

Organizational expectations were communicated to the new employee during orientation via job descriptions, objectives, and philosophy. This prediction was true

Prediction 4C: Organizational sanctions will be discussed in the orientation program. In Hospital A, the concept of organizational sanctions was first encountered in the Personnel Department. One of the handouts described the grievance process and appeals system. An employee from the department explained the handout. The orientation instructor introduced additional sanctions when reviewing the nursing service handbook. Hospital Security spoke at length about situations which could result in patient allegations of abuse or neglect and the probable actions taken.

General sanctions for all employees in Hospital B were introduced in personnel orientation. The Employee Rights Committee was explained, the affirmative action plan was
mentioned, and an invitation to view any of its documents was extended. The nursing orientation instructor asked if the orientees had questions about their rights on the job, but there were no questions and no further discussion ensued.

Organizational sanctions were discussed in personnel department orientation as well as by the nursing orientation instructor. This prediction was true.

Prediction 4D: The concept of organizational climate will be communicated to the orientee in the orientation program via philosophy policy, standards, features, events, and processes established in the organization. In Hospital A the climate was first introduced in the Personnel Department. The bureaucratic atmosphere was encountered via the multiple forms required for "in-processing." This term itself is a quasi-military term. Other activities including finger printing, identification photo badges, and individual interviews with personnel counselors extend the bureaucratic air of the climate.

The tone for the organizational climate in Hospital B was set in personnel orientation. The organization was finger printing, identification photo badges, and individual interviews with personnel counselors extend the bureaucratic air of the climate.

The tone for the organizational climate in Hospital B
was set in personnel orientation. The organization was undergoing changes in administration. The concept of change was evident in the nursing orientation. The instructor frequently referred to former practices. The administration of the nursing department was changing as were the administrators. The instructor discussed the new decentralized system. She cautioned the orientees about some problems they could anticipate as a result of the change in relation to employee attitudes that had not changed.

Observations of the materials and participants demonstrated provision of organizational information to the newly hired nurses. The stated purpose was to assist the newly hired nurse to learn what the organization's purpose was and where the new member's place was in it. This proposition was supported by the data.
CHAPTER 5

DISCUSSION

The purpose of this study was to describe the perceptions of participants involved in an orientation program for newly hired nurses. The case study method of research was used. Four theoretical propositions formed the base of the case study.

The propositions generated objectives and research questions. The research questions were used to develop interview schedules and observation guides for data collection. The objectives generated by the propositions were restated to form predictions or outcomes for the study. Pattern matching, an analytical technique, was applied to analyze the data. The presence or absence of a predicted outcome in the responses to the interview schedule or observation guide indicated support or non-support of the proposition. A single investigator collected and analyzed the data. All propositions were supported by the data.

Proposition 1: New employees participate in orientation programs because they want to function to the best of their ability and as expected by the organization in their new job.

Proposition 2: The most beneficial role transition for
the new employee involves integration of personal goals and expected organizational role.

Proposition 3: Dissonance between individual goals and expected organizational roles are observable in orientation.

Proposition 4: Organizations provide orientation programs in order to get new employees to move smoothly into their organization and carry out its functions.

Propositions

Proposition 1 was supported by the data. Orientees in the study were able to express their perception of the orientation program's effectiveness and meaning for them in terms interpreted by the investigator as positive. Their responses included items covered during the sessions which were meaningful to them and things they felt would help them to function. The orientees' statements indicated they believed that they were getting information they needed to carry out the expected role and a sense of direction in the physical environment because of the walking tour given in both hospitals. Orientees suggested a positive perception of the hospital because of the type of orientation material used in the orientation program and the depth of the program.

An unexpected response given by the orientees when asked what impressed them most in orientation was the citing of an orientation instructor. Orientees in each hospital
found one of the orientation instructors as impressive. The orientees cited the instructors' enthusiasm, knowledge, and general personality as the basis for their answers.

In describing an emotional response to the employer's expectations, a particularly interesting response was that of Orientee #2B. This orientee referred to the beginning of trust being established in her relationship with the organization because the organization promised orientation and gave it. Next time they promised something, she would be inclined to believe them. Other indicators of trust building cited by orientees in this urban hospital setting were the facts that they were being paid for orientation and receiving the same orientation a full time employee would get. At the time of the study, all orientees were part-time or temporary employees.

In addition to comments obtained during interviews, each orientee was observed performing the assigned activities and return demonstrations. These observed behaviors and comments were interpreted by the investigator as a desire to function to the best of their ability in the expected role.

Proposition 2 was partially supported by the data. The first perception of readiness to assume the expected role was experienced by the orientees during the orientation program as predicted. The nurses were able to express
feelings of restlessness to be on the unit and of wanting to test the facts of the orientation. They expressed a desire to uphold the image of the organization, and suggested this readiness by referring to a need to get back on the floor.

Data obtained only partially supported the prediction relative to use of language cues and phrases that indicated the orientées accepted and understood the expected role. In only one of the urban hospital settings were orientées able to include terms used by the orientation instructor in their initial session during subsequent interviews. The fact that the orientées incorporated these terms in their statement of expected organizational role without hesitation or qualification implied to the investigator awareness, acceptance, and understanding of that role.

The orientées in the study came to the organization with expectations for their assignments in the organization. Each orientee was granted the assignment requested and participated in the orientation program. Two orientées were able to successfully complete a critical care course that enabled them to function and be certified as Critical Care Registered Nurse (CCRN). The personal goals of the orientées in this study appeared to be integrated with the expectations of the organization. During the last interview, each orientee was able to verbalize the expected role and expressed no problems with the expectation.
Proposition 3 was supported by the data. Orientation instructors expressed their opinions of the programs in positive terms. Each seemed satisfied with their role in the orientation program and appeared so to the investigator.

Orientation instructors in both of the urban hospital settings were able to list or describe behaviors they interpreted as problematic and as having the potential to interfere with success in the organization. Behaviors listed were belligerence, anger, hostility inattentiveness, poor psychomotor skills, immaturity, disruptiveness, inability to follow directions, and lack of motivation. Instructors also described perceptions as gut feelings.

The instructors were also asked to list behaviors observed in the present classes that indicated the orientees understood and were ready to assume the expected role. They listed performance on tests, participation in class, personal characteristics such as motivation and enthusiasm, good social skills, and the ability to ask good questions.

Understanding and accepting expected organizational roles was a desired result of orientation. Behaviors exhibited by the orientees which indicated to the orientation instructors that the orientees understand, accept, and were preparing to assume the expected organizational role were observable and expected. Therefore, those behaviors which the orientees exhibited
that the orientation instructors perceived as not understanding, not accepting, and not preparatory to the assumption of the expected role were also observable. Failure to behave as expected during the orientation program sent a message to the orientation instructor that a problem existed. The orientation instructor's action after this discovery was guided by the organization's policy. The focus of this proposition and interpretation of the data was to determine if the instructors in this case study could identify behaviors that implied dissonance between individual goals and expected roles. Based on the fulfillment of each prediction for this proposition, the investigator concluded that the data supported the proposition.

Proposition 4 was supported by the data. The organizational structure, climate, and sanctions were explained and demonstrated in the orientation program. In both urban hospital settings used for this study this was a first day activity. A variety of methods were used to inform the orientees in an interesting way. The orientation instructors used job descriptions, philosophy, objectives, role models, lectures, and films to convey to the orientee the expected role.

The investigator concluded that the organization had met its responsibility for orientation for of the following
reasons. First, the organizations provided the new employees time to learn its policies, procedures, and staff in a setting where this was the orientees' only responsibility. Second, the orientees were paid at an agreed upon pay rate for participating. Third, the instruction was conducted and coordinated by nurses who were educationally prepared to teach and evaluate learning. The instructors also knew and apparently enjoyed the system in which they worked.

Conclusion

The perceptions of participants in an orientation program as they relate to information presented, readiness to assume the expected role, and ability to live up to the employer's expectation were central themes of this study. The following conclusions were derived from the interviews and observations in relation to these themes.

Findings in this case study indicated the orientees perceived the information presented as useful and necessary for them to understand their expected role. This finding is consistent with the conceptual framework. A statement from the explanation of the framework specifically addressed to this is that nurses, by participating in orientation, increase their knowledge of the organization, thus meeting their needs disposition for keeping the job they sought.

The selection of relevant bureaucratic expectations for
organizational expectations in a manner consistent with his/her personal needs results in behavior that is adjusted and integrated (Getzels & Guba, 1957). This balance between role expectations and individual needs is the purpose of orientation (Hoy & Miskel, 1987).

Neither the time frame nor scope of the case study dealt with observation of the actual transition into expected role. However, the interview responses of the orientees on their role in the organization demonstrated clear role definition. The clarity of their role was interpreted as a positive influence related to orientation. Studies of job dissatisfaction and other dysfunctional behaviors (Carey, 1982; Pieta, 1982; Seybolt, 1986; Taylor, & DeSimone, 1983) have identified absence of role clarity as a factor. The investigator concluded that readiness to perform the expected role was related to the orientation program based on findings relative to responses of readiness to perform and in light of the clearness of the participant's understanding of their role.

The perception of the orientees' ability to live up to the employer expectation was assessed by the orientation instructors. As members of the organization as well as by their experience as nurses and as teachers, the investigator concluded they were the best assessors and evaluators of orientation results. As purveyors of the orientation
short time allowed in orientation for this exchange process to occur has the potential for decreasing the orientee's success in the organization.

Another concept relative to learning style in the adult learner is exploring past positive learning experiences of the adult to enhance new learning (Mezirow, 1989). The orientation instructors were provided with a limited amount of information about the orientees prior to their arrival. There was no time for assessment of past experiences built into the orientation program. Based on these observations, another conclusion of the investigator was that elements of adult learning theory were not fully utilized in orientation programs.

The findings in this study demonstrated the orientees' ability to verbalize and demonstrate their readiness to perform the expected role. Their comments indicated understanding and acceptance of organizational expectations. The perception of readiness was expressed at varying time points in the orientation program. Each orientee was able to state the expected role during the interview. The investigator interpreted this ability to state expectations at different times to mean that individual adjustments to the process were being made. This was consistent with a statement from the conceptual framework. According to the conceptual framework, the individual's attempt to cope with
organizational expectations in a manner consistent with his/her personal needs results in behavior that is adjusted and integrated (Getzels & Guba, 1957). This balance between role expectations and individual needs is the purpose of orientation (Hoy & Miskel, 1987).

Neither the time frame nor scope of the case study dealt with observation of the actual transition into expected role. However, the interview responses of the orientees on their role in the organization demonstrated clear role definition. The clarity of their role was interpreted as a positive influence related to orientation. Studies of job dissatisfaction and other dysfunctional behaviors (Carey, 1982; Pieta, 1982; Seybolt, 1986; Taylor, & DeSimone, 1983) have identified absence of role clarity as a factor. The investigator concluded that readiness to perform the expected role was related to the orientation program based on findings relative to responses of readiness to perform and in light of the clearness of the participant's understanding of their role.

The perception of the orientees' ability to live up to the employer expectation was assessed by the orientation instructors. As members of the organization as well as by their experience as nurses and as teachers, the investigator concluded they were the best assessors and evaluators of orientation results. As purveyors of the orientation
program, they acted to mediate and structure perceptions of relevant organizational features, events, and processes (Kozlowski & Doherty, 1989). Their assignment in the organization was to help the individual meet his/her needs in adjustment rather than the responsibility for adjustment being wholly on the individual (Lyons, 1971; Miller, 1967). The instructors were able to identify both positive and negative behaviors in relation to the material taught in orientation. The observations of the orientation instructors were consistent with the conceptual framework in that they saw behavior for the specific roles that was established by the organization in relation to other expected behaviors in reciprocal roles (Getzels & Guba, 1957).

Implications

The findings in this case study have significance for researchers in staff development, employee relations, and curriculum planning. To demonstrate this significance a model was developed for orientation programs using elements of this case study. The propositions of the study form the theoretical basis for the program. The theory guides interactions and processes necessary to execute the orientation program. The variables represent the participants, their needs, personalities, emotions, and beliefs. Time allocated for accomplishment of the program
is also viewed as a variable. The variables are influenced by the interactions and processes to produce the desired outcomes. The desired outcomes were selected from the study's predictions. A schematic depiction follows:

```
Theory
   /   \
Interactions  Processes
  \   /  
Variables
   /
Desired outcomes.
```

Theoretical Statement

Organizations provide orientation programs in order to get new employees to move smoothly into their organization and carry out its function. New employees participate in orientation because they want to function to the best of their ability and as expected by the organization in their new job. The most beneficial role transition for the new employee involves integration of personal goals and expected organizational roles. Dissonance between individual goals and expected organizational roles are observable in orientation.

The following interactions, processes, and variables
were identified in the case study:

Interactions

between the individual and:

organizational structure - peers, superordinates, subordinates
organizational sanctions - rewards, punishments, rituals
organizational climate - philosophy, values, features, events
organizational role expectations - duties, responsibilities, behaviors.

Processes

Learning - information, definition, discussion
Adaptation - accepting, understanding, adjusting
Practice - demonstrating, performing
Evaluation - assessing, remediating, testing.

Variables

Personality
Personal goals
Personnel
Time allocations.

Desired outcomes

An employee who:
experiences a positive emotional response to organizational expectations
perceives readiness to perform the expected role during orientation
uses words with positive connotations when describing his/her perception of the orientation process
uses language cues and phrases which indicate acceptance and understanding of the expected role
exhibits behaviors that can be interpreted as understanding expected role.

Questions for further study
According to findings in this study, the employer had an accepting, knowledgeable employee eager to fulfill the role expectations and carry out the organization's goals at the end of orientation. Staff Development personnel may be interested in studying these questions.

How can organizations keep newly oriented employees in an informed, accepting mode?

How soon after orientation does the eagerness to fulfill the organizational role decrease or diminish?

How can factors leading to decrease or diminution of eagerness be isolated?
How can these factors be counteracted?

Enthusiasm of orientation instructors was cited as an impressive event of orientation. Employee relations personnel may find researching these questions valuable.

Is it feasible to measure enthusiasm?
Is it possible to teach employees to be enthusiastic?
Can employing organizations surround new employees with other enthusiastic employees to continue enthusiasm similar to the immersion method of teaching foreign language?

The findings of this case study failed to show use of current research on adult learning styles. Utilization of theories such as Mezirow's (1979) perspective transformation theory or Kolb's (1984) adult learning style theory may enhance and improve the quality of orientation programs. Curriculum planners may be interested in exploring these questions.

How can perspective transformation be incorporated into orientation programs?
How can adult learning style theory enhance the desired outcome of orientation?
How can collaboration between orientation instructors and orientees improve the orientation program?

Recommendations
It is strongly recommended that future research using
this method include both participant (receivers) and external observer. A serious drawback of case study research is the need for substantial financial resources. It is recommended that independent researchers consider this fact when planning to use this interesting research method.
References


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A STUDY OF NURSING ORIENTATION IN
TWO URBAN HOSPITALS

VOLUME 2

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Department of Curriculum and Instruction

By

Myrna Harris Cassimere
B.S.N., Dillard University, 1963
M.N., Louisiana State University Medical Center, 1976
December 1990

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APPENDIX A

Validation of the Interview Schedules

Communication with Nurse-Educators

Validation Form

196
October 21, 1988

Yvonne Sterling, Ph.D.
L.S.U. Medical Center
School of Nursing
1900 Gravier St.
New Orleans, LA 70112

Dear Dr. Sterling:

This is a request for your assistance.

I am a doctoral student at Louisiana State University in Baton rouge, LA. My dissertation committee recommended that I enlist a panel of experts to determine the validity of the interview schedules for my study, which is a descriptive case study of nurses perceptions of orientation.

Your responses will be of great value to me. Your cooperation will be greatly appreciated.

Sincerely,

Myrna H. Cassimere
October 21, 1988

Marie Di Vincenti, Ed.D.
L.S.U. Medical Center
School of Nursing
1900 Gravier St.
New Orleans, LA 70112

Dear Dr. Di Vincenti:

This is a request for your assistance.

I am a doctoral student at Louisiana State University in Baton rouge, LA. My dissertation committee recommended that I enlist a panel of experts to determine the validity of the interview schedules for my study, which is a descriptive case study of nurses perceptions of orientation.

Your responses will be of great value to me. Your cooperation will be greatly appreciated.

Sincerely,

Myrna H. Cassimere
Will you please read each of the following questions of the interview schedule and determine if it is consistent with operational definitions included. Place a check in the appropriate column next to the item to indicate your choice.

<table>
<thead>
<tr>
<th>Definitions:</th>
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<tbody>
<tr>
<td><strong>Idiographic dimension</strong></td>
</tr>
<tr>
<td>referring to individual cases or events. Stressing understanding the needs and personality of the individual.</td>
</tr>
<tr>
<td><strong>Nomothetic dimension</strong></td>
</tr>
<tr>
<td>emphasis is general laws applicable to more than a single individual. Pertaining to roles and expectations organized to fulfill the goals of the system (organization).</td>
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**ITEM VALIDITY GUIDES**

<table>
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<tr>
<th>ITEM</th>
<th>IDIOGRAPHIC DIMENSION</th>
<th>NOMOTHETIC DIMENSION</th>
<th>NEITHER IDIOGRAPHIC OR NOMOTHETIC</th>
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</table>

(Orientee's Interview)

What did you know about this hospital before you came to work here?

How do you feel about your orientation at this point?

To what extent do you think the orientation program is effective?

What do you understand your role to be in this organization?

Could you improve the orientation program?

What is the most impressive event or occurrence that happened here today?

What have you learned about this hospital in the orientation program?

How do you feel about your orientation at this point?

What do you understand your role to be in this organization?

In what way do you think this orientation program is effective?

In what ways do you think this program is ineffective?

To what extent do you feel ready to assume your role?

What contributed to this feeling?

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ITEM VALIDITY GUIDES

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<td>IDIOGRAPHIC DIMENSION</td>
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(Orientee's Interview)

Now that I've finished orientation.....
I think I'm ready to.....

I would have liked more...

I would have liked less...

I was most impressed by...

I was least impressed by...

What do you understand your role to be in this organization?

To what extent do you feel the orientation was effective in helping you understand your role?

When did you feel ready to assume your role?

What specifically contributed to this feeling?

When did you feel most ready?

(Instructor's Interview)

How do you feel about the orientation program you are involved in?

Have you studied any pre-employment information about (name of orientee) or any member of your class?

How do you feel about the hospital's expectations of new employees?

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ITEM

IDIOPHAGIC DIMENSION NOMOTHETIC DIMENSION NEITHER
IDIOPHAGIC OR NOMOTHETIC

(Instructor's Interview)

What are the special behaviors you look for in your class members to signal readiness or lack of readiness?

Other than by asking, how do you know if an orientee is learning?

To what extent do you feel (name of orientees) is ready to perform the organizational role?

Are there any special behaviors you see in (name of orientees) to signal readiness or lack of readiness?

Other than by asking, how do you know if the orientee is learning?

How sure are you at this point that (name of orientees) will be able to function as expected by the administration?

How certain are you at this point that (name of orientees) has the potential to function in this organization?

How do you feel about the hospital's expectations of new employees?

How do you feel about the orientation program at this point in time?
APPENDIX B

Data Collection Instruments

Interview Schedules for Orientees
Interview Schedules for Instructors
Observation Guide for Instructional Sessions
Observation Guide for Orientation Documents
Figure 1. Interview Schedule for Orientees

RQ1 What did you know about this hospital before you came to work here?

RQ1 How do you feel about your orientation at this point?
   Why?

RQ1A To what extent do you think the orientation program is effective?
   Why?

RQ1A What do you understand your role to be in this organization?

RQ1A Could you improve the orientation program?
   How?

RQ1B What is the most impressive event or occurrence that happened here today?
   Why?

RQ1B What have you learned about this hospital in the orientation program?

Figure 2. Second interview schedule for orientees

RQ1 How do you feel about your orientation at this point?
   Why?

RQ1A What do you understand your role to be in this organization?
RQ1A In what ways do you think this orientation program is effective?
Why?

RQ1A In what ways do you think this program is ineffective?
Why?

RQ2 To what extent do you feel ready to assume your role?
Why?

RQ2 What contributed to this feeling?

Figure 3. Final interview schedule for orientees

Please complete these sentences:

RQ1 Now that I've finished orientation...
RQ2A I think I'm ready to...
RQ1B I would have liked more...
RQ1B I would have liked less...
RQ1B I was most impressed by...
RQ1B I was least impressed by...
RQ1A What do you understand your role to be in this organization?

RQ1A To what extent do you feel the orientation was effective in helping you understand your role?

RQ2 When did you begin to feel ready to assume your role?
RQ2 What specifically contributed to this feeling?

RQ2 When did you feel most ready?

Figure 4. First interview schedule for orientation instructors.

RQ3 How do you feel about the orientation program you are involved in?
Why?

RQ3A Have you studied or reviewed any pre-employment information about ________ (name of orientees) or any member of your class?
Why?

RQ3 How do you feel about the hospital's expectations of new employees?
Why?

RQ3B What are the special behaviors you look for in your class members to signal readiness or lack of readiness?

RQ3A Other than by asking, how do you know if an orientee is learning?

Figure 5. Second and third interview schedule for orientation instructors

RQ3A To what extent do you feel ________ (name of the orientee being followed) is ready to perform
the organizational role?
Why?

RQ3B Are there any special behaviors you see in  
_________ and ___________ (names of orientees)  
to signal readiness or lack of readiness?

RQ3A Other than by asking, how do you know if the  
orientee is learning?

RQ3B How sure are you at this point that ________  
will be able to function as expected by the  
administration?
Why?

RQ3A How certain are you at this point that ________  
has the potential to function in this  
organization?
Why?

Figure 6. Observation guide for instructional session of the  
orientation program.

4D What is the general make up of the class?

4D Are furniture, lighting, and room temperature  
conducive to learning?

4D Are reference materials available to the orientee  
during and after class periods?

4D How does the teacher interact with the orientee?

4B To what extent do the orientees interact with each
other?

4B To what extent do interactions appear to be conducive to learning?

4B Are audio-visual aids used to extend and enhance the information presented?

4B How much material is the orientee given in a two to four hour time period?

4B What kind of feedback is solicited?

4B What kind of feedback is obtained?

4B What questions are asked during or at the end of a session?

4B What comments are made by the orientee during the presentation?

4B What comments are made by the orientee at the end of the presentation?

4C What informal comments are made by orientees before, during, or after orientation periods?

Figure 7. Observation guide for orientation documents.

4 What is the philosophy of the organization? Where is it stated?

4A What are the components of the instructional materials?

4A To what extent is the philosophy of the organization obvious and consistent throughout the
program materials?

4B To what extent is the program design consistent with adult learning theory?

4C What methods and plans are used for remediation?

4A What qualifications are required for instructors in the orientation program?

4A What are the instructor’s qualifications for teaching?
APPENDIX C

Transcribed Interviews of Orientees

Interview of Orientees - Hospital A
Orientee #1A
Orientee #2A
Orientee #3A

Interview of Orientees - Hospital B
Orientee #1B
Orientee #2B
Orientee #3B
INTERVIEW #1, ORIENTEE #1, HOSPITAL A:  1/17/89

Where did you get your initial nursing education?

At Indiana University School of Nursing in 1974.

Are you from Indiana?

No, from Bayou LaFouche, Matthews, Louisiana.

You have an Associate's Degree in Nursing?

Yes.

Now, I understand you worked here before.

I worked at the VA for 15 years.

You have a break in service and you're re-answering service?

Yes.

What is your goal for your job here at the VA?

To provide quality care for patients.

What did you know about this hospital before you came to work here?

I worked at two VA's before coming here, but I wasn't in a professional position. I was a nursing assistant.

How do you feel about your orientation at this point?

So far, I love it. It's been very informative, very thorough, and I wish I would have had it 15 years ago.

You didn't have orientation like this 15 years ago?

No. It was more like on-the-job training because of the nursing shortages. I had a person to sort of help me in the areas I was weak in and I would follow her
around. I think that this orientation is wonderful, especially the CPR class and we get the opportunity to do a demonstration, and I like the personal attention that we got.

To what extent do you think the orientation program is effective?

I think it is very effective for the new people coming in, but it is a review for me.

What do you understand your role to be in this institution?

Providing patient care.

Can you improve the orientation program?

I wouldn't know where to start. Besides, it's the first day. You can't really judge from these few hours.

What is the most impressive event or occurrence that happened here today?

Most impressive, let me think. Not much of anything, I guess.

Why?

I've only been away a month or so and I did keep in touch.

What have you learned about this hospital in the orientation program?

It's been a review, as I said, so I really didn't learn anything. But there were some things said that I knew.
already but had tucked in the back of my mind.

Like?

Like Mission Statement, who's who, that sort of stuff. You know, you don't concentrate on that while you're taking care of patients so you forget the words. You do it like it's said but the words themselves go out of your mind. If you ask me about staff and chiefs, I probably couldn't tell you right off. So it was good reviewing that, I guess. I'm saying that because you rarely use that information unless you're name dropping or looking to change jobs.

Does that mean you don't think it was important?

Not to me, really.

Thank you.

INTERVIEW #2, ORIENTEE #1, HOSPITAL A:  1/19/89

This interview is a little different because it is a sentence completion. I'll give you a lead in and you finish the sentence. Now that I've finished orientation ....

Now that I'm finished orientation, I'm glad it's over, glad to be out of the boring classroom.

I think I'm ready ....

I think I'm ready to get back into the swing of things as far as my job is concerned. I would have liked more
return demonstrations especially like the moving of patients in an emergency. I felt the group should have had the opportunity to show that they could do those kinds of things for an emergency. I also think more questions should have been thrown out to the audience to really get the students involved because some of it was quite boring. I would have liked less talking, especially by Infection Control. I could have fallen asleep.

I was most impressed by ....

I was most impressed by biomedics.

Why?

I feel that I learned a lot about that department I hadn't known before and I've been around here all these years. It's a very interesting department.

I was least impressed by ....

I was least impressed by security's discussion on patient abuse. I think it concentrated too much on problems interrelated in the hospital and less on the topic he was supposed to be talking about.

What do you understand your role to be in this institution?

As a nurse, providing the best health care to the patient that I can, also communicating with the doctors' problems, that the patient might have, and also helping them to understand what the patient is
going through to help the patient get the maximum benefit from their treatment; teaching about medication and what to look for and things they might need to know if they run into problems to come back to the hospital.

To what extent do you feel the orientation was effective in helping you understand your role?

I feel the parts presented were very effective. I feel familiar with what I'm supposed to do and I'm going to do the right thing.

INTERVIEW #1, ORIENTEE #2, HOSPITAL A: 1/18/89

What did you know about this hospital before you came to work here?

Like Orientee #3A, I had a rotation with school and worked as a student with Charity, so that is where I really learned about the VA.

How do you feel about your orientation at this point?

I feel good about it. I feel that I am going to learn a lot with the ICU course, and they are not just going to throw us in there and are going to really help us along and I am interested in the course.

To what extent do you think the orientation program is effective and why?

I think it gives you an overlay of the benefits you
have and the educational opportunities, and one of my long-term goals is to continue my education. They seem to stress that education is important here and they push for that and I like that.

What do you understand your role to be in this institution?

Care provider, a teacher, and someone that is a compassionate and caring person with the patients.

So you see your role to be more than one role?

Right. Multifaceted.

How do you feel about that?

I like that a lot because I didn't come into nursing for any other reasons except that if you do so many different things; I am not an office person and I can't stand to sit behind a desk. When I had other jobs, I've always hated work. When I started into nursing, I just felt like I wasn't really working. What I am saying is that I don't feel like it's a job. You put in your 8:00 to 5:00 and you're in this hum-drum monotonous and boring situation day-in and day-out. I've had different jobs and with nursing you never know what to expect and that is what I like - a challenge.

Do you think you could improve the orientation program?

I don't think I really know that much about it at this point to say how I would improve it. To be honest, I couldn't.
What is the most impressive event or occurrence that happened here today?

I think it started last night. I got a call at 10:00 from someone in personnel saying, "You know, I forgot to tell you that you passed your physical, and you should come in tomorrow at 7:30." She said, "Are you planning on coming at 7:30?" I said, "Well, yeah," and that was kind of a shocker in a way. I had put my application in last October, and it took them from October to last night to get a definite confirmation for this job, and that was rather frustrating and irritating to me at the time; only because of peer pressure. Everyone was asking what I was going to do and where I was going to be working after I get out of school, and I would just tell them, "I don't know, I am applying at the VA." They would say that I was crazy, because you should come to thus and so. Then I had to defend myself or apologize.

You didn't know until yesterday definitely that you were hired?

No. And I was taking a review course last week. I spend almost $2.00 in quarters calling trying to find out from somebody.

So the physical was the thing that was holding you up?

Yes. I was sure I had passed it but you don't know,
could have been a little piddly thing - you just don't know but that's over. The other thing that I was really impressed with today concerns the critical care course. I really got the chance to see the outline of the course and what is actually involved. Just looking at the four syllabi is very impressive.

And the critical care course is important to you?

Very.

What did you learn about this hospital before you came here?

That it supports people who want to go back and further their education.

How old are you?

I am 38 years old.

And you graduated from Charity Hospital School of Nursing?

Right.

Are you originally from New Orleans?

That is right.

You say you've worked in other areas before nursing?

What started my nursing career 5 years ago, was when I worked in the OR as a certified surgical tech, and then I decided that I wanted to go on and have more patient contact and to broaden my knowledge in the medical profession. Prior to that I have done all kinds of jobs; I was a stewardess for awhile, I worked behind a typewriter for awhile for the telephone company, I
worked as a waitress, and just a bunch of different things and I was never really happy. I am divorced and I am a single parent, and when that happened to me, I knew I had to settle down and do something. I have to have something definite to raise my daughter, so I went back to school at Charity and that is where I got to be a certified surgical tech. After I went into surgery, I really loved the medical field. I found my little niche. I feel as though I am a late bloomer.

So, at this point, what are your goals?

I want to go back and get my baccalaureate and maybe later on get my Master's degree. Maybe go back and be a physician's assistant, I really don't know at this point. I do know that I don't want to live in New Orleans for the rest of my life. I am not crazy about living here. I like ICU, and I'll start from here and see what happens.

INTERVIEW #2, ORIENTEE #2, HOSPITAL A: 1/25/89

How do you feel about the orientation?

Better than the first time when I first started. Because I think when I first started I didn't know what to expect. I didn't know how much of an orientation or what really orientation entailed. Now I feel like they
are very thorough in everything. We're getting to see forms and how things are done, and it's totally different than when you're in school they just throw you in there. Whereas, this is the real orientation, and I feel good about it.

Why do you feel good about it?
Because I realize that it's not like school. You're not going to be thrown in there, and it's like a sink or swim thing. They go over everything in detail and I like that. It kind of builds up your self-confidence and it gives you time to adjust.

What do you understand your role to be in this institution?
To be a primary care giver, and I, like, don't mind giving it. And I like that, I like primary care giving. And I like dealing with the patients in all aspects; taking care of them totally.

In what ways do you think this orientation program is effective?
They'll give you examples, handouts; they'll go over everything with you thoroughly and if you have any questions, they explain everything to you in detail again. And I think that is good. You see everything, you see all the forms, you see what you're going to be working with, and that is why I like it. I think it is good.
In what ways do you think the program has been ineffective?
Well, I have to think about that one. I don't see it as being ineffective at all at this point. I think it's been really good. I don't see anything really I can say negative about it.

Why is that?
Because they have been so thorough with everything. They will spend one day with the head of each department to come in and talk to us, and told us a little bit about their departments and how we would be working with them while we're on the unit. So I think that is really good. Like I said before, I don't see this orientation as being ineffective in any way so far.

To what extent do you feel ready to assume your role in this hospital?
I feel a lot more confident than I did a week ago, that's for sure. I talked to other people that were in my class. As a matter of fact, I talked with one this morning. Did I tell you about that?

No.

We were coming in this morning and I waited on the street, and she is working in MICU over at Charity. And I said, "How is it going, how do you like it?" She said, "I don't know if I like it because I got thrown
in there yesterday totally by myself with nobody to fall back on." And it really made me stop and think how fortunate I am to be here because of the critical care course that I am going to be taking, and because of the preceptors that we are going to have. You know, it goes back to not being thrown out there and just left on your own.

So you feel more comfortable now than you did last week?

Yes. Definitely.

Okay, tomorrow is a clinical day.

I am looking forward to that.

Okay, so it's not like you're afraid to go up there because you think you don't know.

No.

The source of your comfort is what you have learned and the fact that you will be with someone?

Right. That and the critical care course. That is the key thing to make me feel at ease; the course itself and having the preceptor.

Anything else you want to tell me about how you're feeling about this orientation that I haven't covered or anything you wanted to add?

It's hard because I've never been in a hospital to work right out of a school system. This is my first time right out of school, so I don't have anything to
compare with orientation programs from other hospitals or institutions.

Have you worked before?

I have worked before. I worked last summer at East Jefferson.

I mean something other than nursing?

Yes.

What was your orientation like then?

It wasn't as detailed as it is here. The jobs didn't require much education and technical skills and knowledge.

Okay.

INTERVIEW #3, ORIENTEE #2, HOSPITAL A: 2/20/89

Please finish this sentence. Now that I have been through orientation ....

Now that I have been through orientation, I am looking forward to my twelve hour shift which starts next week. I am really excited about it. I feel like I had a wonderful orientation. As a matter of fact, I told Instructor #2A the other day that she really made transition from school into practice so much nicer than what I heard my other friends, you know, calling and saying the horror stories that they are having, and she
has just been wonderful. She has really taught us a lot. So I think I am really ready to go out on the unit now, and I know that they are probably going to give us another proctor for a couple of more months. So, it's not like they are just putting us out there along. And that makes it nice. You can work on your own, and you feel like there is somebody that you can fall back on if you have a question, so that is nice. As far as what I would like to have more of; I think more time to be able to go out on the unit with Instructor #2A and just discuss things that she was trying to teach us in class that they went over. You know, to look at the patients more. Like we get out there working with the patient, it gets so staff-oriented that you don't have time to start asking questions like why is this like this, and that type of thing. Because I would like to have had a little more time with that.

What would you have liked less?

Oh no, I am thrilled. I was most impressed by Instructor #2A. I would like to say the head nurse too, but I really wasn't with her as much. It was always Instructor #2A. And that woman is just remarkable. She has so much knowledge, so enthusiastic, and she helps you so much, explains
things so easily. I was just really pleased with having her. And I was least impressed by; I don't know. Working with the secretaries I find kind of difficult for me because ... and that computer, too; maybe I would have liked more time with the computer, and how to get orders and pull up labs and that kind of thing. That is my biggest pitfall I think, and that is that computer. And what do I understand my roll to be in this institution? A care giver and I am still a student; I feel like learning being up on that unit, I think you learn all the time. It's good to just walk around with the doctors, you just learn.

Do you feel the institution expects you to continue you with this student idea, not student role?

I do think that they expect that of you. I think that would be with any place you go because medicine changes from day to day.

To what extent do you feel the orientation was effective in helping you to understand your role?

I was studying and I was doing. Sometimes I felt like I was still in school. When did I feel ready to assume my role? I guess it was last week. When reality hit that Instructor #2A was now not going to be there; she was leaving, and she said, "Well, I'll come up Monday or Tuesday to check on you guys." And that is when I
think we were ready and we realized that it was time to
go on.

You think Instructor #2A saw your readiness before you did?
She did, probably. She is real perceptive. I don't
know. I think, too, with being right out school, you
more or less try to kind of still latch on to somebody
that is teaching you because it's easy that way. But
she is wise enough to know when to push you out of the
nest. So, that was good.

What specifically contributed to the feeling with Instructor
#2A?
She was just Instructor #2A. And when did I feel
ready? I guess it was last week. I really did,
especially with some of the patients I had, and they
were difficult, some of them, and I guess I just got
into it and it's not that bad. I am functioning.

Where you wanted to function, and how you wanted to
function?
Right.

That sounds good. Well, that is the end of the interview,
are there any other comments that you would like to make?
No. I don't know, Ms M. I hope I stay in this
honeymoon phase forever. But maybe if you would come
back in a year, and I'll tell you. I've been in it
since January 17th when I started, and I don't know
when it's going to end. I've had two people call me up and they say that you should go to E. J., all the pay, this and that. And they are calling me up asking me when the next critical care course is going to be. Because all I tell them about is how wonderful this is, and it is just wonderful. The unit is wonderful, the people up there are wonderful, they help you. They are always saying that if you need anything or if you have any questions, they are willing to help you in any way they can; it's just great. This is better than when I was in school.

INTERVIEW #1, ORIENTEE #3, HOSPITAL A: 1/18/89

What did you know about this hospital before you came to work here?

I had been here for clinical rotation during nursing school. I had applied for a nurse tech job during the summer, and because of schedule conflicts, I wasn't able to take it but I was able to find out a lot during that interview about what they had to offer nurses as far as education and going into critical care and things like that.

And is that what you were interested in?

Yes, that is what I was interested in, critical care.
So you found out a lot about this hospital as a student?

Yes.

How do you feel about your orientation at this point?

As far as orientations go, I've been in a few of them with other hospitals and I think in comparing them, this is pretty good so far. Usually the first day is all the general paperwork and all that, and I am not crazy about it but you have to get it out of the way.

To what extent do you think the orientation program is effective?

I think it's real important if you are going to work for this hospital to understand its history and its nursing philosophy because it is a little bit different than you would see out in private practice or in the private sector, and I think they do a real good job of pointing that out as far as in the films and stuff as how their philosophy hasn't changed, and how it has changed over the years. I think the orientation has been, to this point, effective.

Why do you think this has been so effective? Is there any one thing you could isolate or one person or one issue you could say why it is so effective?

I think as a nurse, I think it is real important that your own personal philosophy of nursing agrees with the place where you work, and I thought as far as the films
went in bringing that out and her talking to you about patient abuse and that type of thing, how you don't get that in a private hospital, and it fits very closely to my own personal philosophy of nursing, so that is why I thought it was effective because it brought out a lot of things that I feel are right and true, but things that might not have been in the forefront of my mind; she called that to my attention.

What do you understand your role to be in this institution?

I think that they want me to play quite a few roles. As a nurse, there are a lot of roles that you play; you're a teacher, a comforter, give advice at certain times, you guide in some sense, and counsel in the way that you use your active listening and stuff. And a big part of nursing, especially in intensive care, is being a good student because it changes so quickly. Learning all the time. So I think there are quite a few roles that we are expected to perform.

So you understand your role here to have a multiplicity of facets and not just one?

Right. Under one maybe big general role of nursing which comprises quite a few roles.

How do you feel about that?

That is part of why I came into nursing, is because you get to perform so many different roles.
Could you improve the orientation program?

Yes. I think I could improve a lot of this.

How?

I am a very audio and visually oriented kind of person, and as Instructor #1A told us, it gets pretty tedious sitting here and reading through the manuals. I think orientation would be much better if they gave you the manuals first to read before you came into orientation with the expectation that you already have read through, and then maybe do something a little bit different as far as to keep your attention; maybe some active participation so that you're not just sitting here reading through the policies and procedures and all that stuff.

What was the most impressive event or occurrence that happened here today?

I would say probably my 45 minute wait down in personnel.

Why was that?

They have been telling us that we've had this and we've been approved for this job since the middle of December, and I know everybody is coming back from a holiday; yet still I sat down by the secretary in personnel who is supposedly "waiting for you." She didn't know who to contact and she contacted the wrong
person at first, and if I wouldn't have kept on pester ing her, I might have never made it here to regular orientation. I thought that somebody from nursing service should have been down here to take us through that part, or the people in personnel should have really been made aware of it. It didn't seem like they were made all that aware; it was kind of thrown on one person's back.

What have you learned about this hospital in the orientation program so far?

Other than the fact that we are going to be getting paid more, which is nice, I learned the specifics of the critical care course that we are going to go through which is very important to me because that is the main reason why I came to work at this hospital; was because of the critical care course.

What about the Tuition Support Program?

Yes, they had told me about it. Then they told me I wasn't eligible and then I might be eligible.

Did you graduate from nursing December, 1988.

Are you a native of New Orleans?

No.

Where are you from?

Cutoff, Louisiana; down on the bayou.
Before you went to Charity or while you were at Charity, you worked as a nursing assistant or a nurse?

A nursing assistant, a psychiatric technician, and a burn technician.

Where?

I worked as a nurse tech in the major emergency room at Charity Hospital. I worked as psychtech for 3 years at DePaul Hospital. I worked as a burn technician at Baton Rouge General Hospital for two years before I came here.

So, you are pretty familiar with policies and patient care, and all the things that usually burn nursing staff out and you went into it anyway?

Yes.

What are your career goals?

As far as nursing goes, I want to get my Baccalaureate and possibly down the road, a master's in anesthesia. As far as my life-long goals, I am a musician, and I would like to have a record contract and one or two gold albums. I am moving out to L.A. after I am here a year, so I have set myself a deadline before I go back to Anesthesia School at age 33. If nothing is in the works by then, it's back to school.

Nothing, like what?

A record contract. If I don't see my music career as
being nothing more than a weekend-no-rise-to-the-top thing, then back to school.

Do you sing or play an instrument or what?

I sing, I play guitar, keyboards, flute, saxophone, drums and bass. I just completed two musical scores; one was a full-length feature film, and the other was a video to be shown as a short feature.

So, you write music and you play music and sing?

Yes. That is part of why I came into nursing.

Tell me about that.

When I came out of high school, I originally wanted to go to Med School, and because my dad was an engineer, I turned down engineering scholarships to California Polytech, was admitted to MIT, and I turned that down because that cost too much. My family couldn't afford to send me there. But I turned down full-paid scholarships to Tulane and to Louisiana Tech, Georgia Tech, and good engineering schools because I was raised since 2 years old to be an LSU Tiger, so I went to LSU but they didn't give me anything in the way of scholarships, and I went through their chemical engineering department with a minor in micro; which according to them is a biomedical engineering degree because they don't have a biomed department. I had always played music in high school. While at LSU, I
got together with a group of guys and we ended up doing two albums. They didn't go anywhere and didn't sell, but that is when I decided that if I could I was going to play music, and that I would have had to make a choice between playing music or going to med school because I couldn't do both. They both required too much dedication, and at the time I was working at the burn unit in Baton Rouge then, and I ran into some male nurses that were straight and were decent guys which I had a lot of the old thinking that a lot of people have about male nurses. So I decided to go into nursing, and I got my pre-requisites and I was going to go to LSU School of Nursing. I didn't like their pass rates on boards, I didn't like the fact that I wasn't going to be able to go into the hospital that soon. I was tired of being treated as a number, and that is what you get when you're in undergraduate studies. Another thing at LSU School of Nursing is that they told us that we were lucky to be here, and to look around us because "half of you won't be here by the end of next year," and stuff like that. It was a totally different attitude. The other reason I came to Charity was that the nurses that I respected most in the burn unit; two of them were LSU graduates, one was a Charity graduate. I asked them where would they go back to school, and
they all said Charity, so that is why I went to Charity. What I plan to do with a nursing degree was that I knew of the flexibility that you work as a nurse; you could work weekend specials, get paid for 40 hours, and you could put in your time in a few days. Like in intensive care, you work 7 days out of a 14 day pay period; out of those 7 days that I have off, I could be playing music which is what my main goal is anyway. I didn't want to go out to L.A. and wait on tables or work in a music store. If the music doesn't work out, then I'll go back to anesthesia because I need to send my kids to college.

You have kids?

Not now but someday, I hope.

Thank you very much.

INTERVIEW #2, ORIENTEE #3, HOSPITAL A: 1/26/89

How do you feel about your orientation at this point, and then I want to know why you feel like that.

I mean, it's okay. A lot of things that I think could be better; things that I think could be worse, but it's okay.

Why are you feeling like this?

The reason I think that it could be worse is that I
have been through some poor orientations. The reason that I think it could be better is that I don't find it is as organized as I thought it was going to be. You get shuffled around too much.

What do you understand your role to be in this institution? At first, I thought that I was going to be the role of a nurse, and now I see that we are, according to some people, more very much learners and not quite as autonomous as I thought we should be.

How do you feel about this new perception or this change in your perception?

I am not happy with it.

You said that there were some things that could be better and some things that could have been worse. In what ways do you think this program is effective? And by effective, I mean as far as preparing you for the role that you are going to assume.

I think it's effective as far as paperwork goes. Especially being in a federal institution and knowing that there is a lot of paperwork and maybe more so than in a private sector. But I think they have been real good and real effective as far as telling us what the forms are like and showing examples of the forms, and what needs to be written and; for instance, this afternoon when she sat down and had us do mock patient
classifications; I thought that was real effective.

Why do you think that this was effective? Because you had a chance to practice?

Yes.

In what ways do you think the program is ineffective in preparation for the role?

I think the downside of it is a lot of the teaching is not hands-on or not practice. A lot of their ancillary people needed to be brought in like pharmacy, and those type of people out there just walked in with a handout and just kind of read what their policy is. I didn't find that very effective at all.

To what extent do you feel ready to assume your role in this institution?

I am anxious to get out.

Out?

Yes, of orientation.

Do you think you feel anxious because you're ready or what?

I think part of the anxiousness is because I am constantly hearing about orientation. And I think as far as the actual area that we're going to, I don't think you really can orient to that unless you are actually up there.

So would you say that you're ready to leave here, but you're really not ready to be on your own?
Yes.

What do you think is contributing to this sought of ambivalent feeling that you're having?

I think some of it is knowing that you need to do hands-on practice and the more time you practice it, the better you'll get at it. And the only way that you'll feel secure, sure, and confident in performing certain skills and certain techniques is by practicing and we're not getting the chance to do that while we're in here. I guess the other part of my ambivalence is that I seem to get along much better with the head nurse than I do with the head of orientation or whoever is overseeing all of it. And a lot of the things that I felt were worked out with the head nurse evidently hasn't been worked out with this lady here. And I am ready to get away from the hassle right on to what I am suppose to be doing.

You feel you're running into hassles in orientation?

Yes.

And you don't feel like it is going to continue when you get to your unit?

No, I don't. I mean I was presented one picture when I was recruited, and I was very honest and up front with people as far as letting them know my situation; as far as education and when my classes are and stuff like
that. And this one person who happened not to know about it which I don't think was any fault of mine, she didn't know about it, is turning around and asking me to keep conditions that were not the conditions that I agreed to when I was employed here. The conditions that I agreed to when I was employed here are now changing. They are changing the rules of the game on me here in orientation.

And?

And I don't like it.

Will you stay?

Sure, I'm going to stick around. I really want to be an I.C.U. nurse.

INTERVIEW #3, ORIENTEE #3, HOSPITAL A:  2/22/89

Well, how did the patient do?

Fine. He is much more oriented. You know, my girlfriend is working on her doctorate. She is taking these counseling courses, and sometimes she has to do all these interviews and conversations and stuff and analyze how she did on the conversation. She has been getting me and her sister and everybody in the house.

So, I'm into what you're doing.

All right. This is your third and final interview, and this
one is different from the others in that this is a sentence completion. I am going to give you a stem and you finish it.

The first stem is: Now that I've finished orientation ...

Now that I am finished orientation, I have found out that I still have a lot to learn.

Well, how much of what you got in orientation do you think prepared you?

It prepared me tremendously. The weeks before this critical care course, we were just kind of up here. It was frightening compared to now. I feel much more comfortable with the environment and the equipment and the main variant, time. Mostly I would say organization, not so much knowledge. I am not afraid that something will go wrong with the patient, and I won't know what it is.

I think I am ready to ...

I think I am ready to work 12 hour shifts and take on an easy two-patient load.

So, is that the patient ratio, two to one?

Yes. Two to one in I.C.U.

How many patients do you have up here?

We had two admits last night which brings us up to 6, in one eight-bed unit.

Now, this is in reference to orientation. I would have like
I would have liked more classroom time. They gave us a lot of information in a very short time, and you got to see a lot of it put into practice, so you assimilated a lot of it. I would have just liked a little more time to grasp it before moving into the clinical part.

Well, you had some clinical days interspersed with the classroom?

Mostly, we had about a week and a half of classroom and the rest clinical, and we come back to lecture maybe once or twice during the last three weeks or so.

So, are you talking about extending the length of the orientation?

Just the length of the classroom.

I would have liked less ...

I don't really know what I would have really liked less of as far as orientation went.

Everything was the right amount?

Yes.

I was most impressed by ...

I was most impressed by my instructors.

Both of your orientation instructors?

Yes, and their wealth of knowledge. They were definite role models. They didn't take short cuts, they did things the right way, and if they didn't know the
answer, they knew enough about foundations and 
principles and stuff to go through it and figure it 
out.

I was least impressed by ...

I was least impressed by the doctors.

Well, they weren't in orientation.

No, they weren't in orientation, but we encountered 
them a lot in clinical. And our instructors pushed us 
to ask some questions that didn't make a lot of sense 
to us as to why they were doing things. And some of 
the answers we got from some of the doctors were just 
totally irrational.

Do you feel that not being able to use the doctors as a 
resource was a hindrance to you as far as moving into your 
role?

Not really. I mean it's a teaching institution, and I 
don't expect these guys to know everything. I mean, 
grant you, two of the guys were OB doctors and they are 
just putting their 30 days in. But it definitely made 
me aware that I am not a robot, that I have got to 
think on my feet.

What do you understand your role to be in this institution 
now?

Still as a learning nurse. Since we passed boards and 
stuff, the other nurses are more willing and downright
anxious to share the work load with us. But I think that we still have a lot of learning to do, and it just takes time.

As far as patient care, do you think you understand what the institution requires of you?

Yes. Definitely. It is just a big gap from where we are and where our instructors are. It takes quite a few years to get a lot of outside studying and work to get there.

To what extent do you feel that orientation was effective in helping you to understand your role?

I feel it was very effective. The instructors always reminded us during that whole transition phase that we were students. That we were GNT's (graduate nurse techs), and that we were learning, and not to let people dump on us when they shouldn't be dumping on us, and to carry the weight that we should be carrying. They let us know our role, and they also for the last two weeks, really pushed us into the true nurse's role where, now you're responsible, and you're going to have to learn how to handle things like that.

When did you begin to feel ready to assume your roles in I.C.U.?

Probably two days after boards I would think is when it hit me. I was really feeling good about passing the
boards, and walking in here and just having a good couple of days and having them throw questions at you and popping back the answers, it's just real smooth; you're really organized, you're really together.

What specifically contributed to this feeling?

The boards partly, and it started all coming together, all the knowledge and information. Then all of the practice, I finally started to feel comfortable with the routine where we really started assimilating.

When did you feel most ready?

Ready to take this role? I don't know if I am totally ready now. I am most ready I guess now.

After last night's experience?

Sure.

I mean right now you should be feeling real good that you were able to turn the patient around.

Right. And each day it gets easier and easier and I feel more and more ready.

So, you would consider your orientation to the VA system and to the I.C.U. in the VA system as positive?

Very positive.

Is there anything you want to add?

If it interest you in comparison, talking to friends of mine that are going to other hospitals, mostly private hospitals, and going right into I.C.U. like we did;
they got two weeks hospital orientation and here is your two patients. And me and Orientee #2A when we were calling around to find out who passed the boards, you know everybody started talking again, it was kind of like the class got back together. Everybody we talked to wanted to quit their job except me and Orientee #2A, we were the only ones who really liked where we were and were really satisfied and really felt like we got what we came for. Everybody else kind of feels abandoned and kind of cheated, and they really did better jobs, money wise and now they find out that the dollars ain't cutting it right now.

Well, I thank you very much.

INTERVIEW #1, ORIENTEE #1, HOSPITAL B: 2/13/89

Would you tell me what your basic preparation for nursing was?

An A.D.N. that I received in 1982, and then it would be a B.S.N. in 1986.

Where did you go to school?

I got my Associate's degree under Jeff Davis Junior College in Brewton, Alabama, and I got my B.S.N. at the University of South Alabama in Mobile.

How long have you been in New Orleans?
I live in Pensacola, Florida, and I have been driving over here since May, and I work two double shifts a week here through American Nursing Agency.

Why do you do that?

Because I like the hours and I can choose the days I want to work, and the money is a lot better.

Is it better than Florida?

Yes.

When you come in, the agency gives you a place to live?

No. You have to find your own place to live.

And when you go back, don't you have anything?

I have a job in Pensacola.

Okay. So, what did you know about this hospital before you came to work here?

I worked through the agency here, so that is how I knew about it.

But, now you're coming back to work for Touro; not through their flex-pool.

Right.

Will you have the same kind of hours that you had before?

I just come in for a period and fill in whenever they need somebody, because I still have my full-time job.

So, you will be driving from Florida for flex-pool?

Right.

When would you set up your schedule; on a monthly basis or
something like that?

I am not sure, yet. We haven't talked about that. Is that something you're going to set up with your unit supervisor?

Right.

How long did you do this?

I was here from May to December. That was through the agency and then January 1st, they stopped using the agency nurses. So, that is why I am coming on the flex-pool.

And you liked it well enough to come back?

Yes.

Is it the same rate of pay?

No. It's lower pay, a lot lower. But they do have the dorms in the Gumble Building, and I stay there for two dollars a night if I am working flex.

And then, can you have meals here?

Yes, and I get the discount.

How do you feel about your orientation at this point?

So far, it's been pretty good except that they told us all it was going to be is Monday and Tuesday, and maybe just part of the day on Wednesday, and when we got over here they wanted us to be here from Monday through Friday. So now we have to reschedule since I already have a work schedule for the end of the week. I have
to reschedule to come back here for another day of
orientation.

To what extent do you think the orientation program is
effective?

As far as learning your way around? Is that what you
mean? It's learning the new policies and how the
hospital thinks, and the way they do things here.

Do you think it's effective that way?

Well, we really haven't gotten into that, yet.

So at this point, you can't say either yes or no as to
whether it is effective or is not effective because it
hasn't been touched?

Yes.

What do you understand your role to be in this institution?

Staff R.N.

What do you think that involves? Just what is a staff R.N.
going to be responsible for?

I say that I'll have to be taking care of two or three
patients, and I do have experience there, and just a
primary health care provider.

Could you improve the orientation program? I know you've
only been in it for one day, but is there anything that has
come up so far that you could improve on?

Well, there was a lot of wasted time today. I mean,
they are paying us to be here. I was out from 11:00 to
1:00 for lunch.

You're being paid for the whole day?

Yes.

So, if you could, you would arrange it so that you would spend the whole day, and you would get more accomplished?

Right.

What is the most impressive event or occurrence that happened to you today?

I think, Mary. She seems like she has a lot of energy and a positive attitude. That is about the only thing that I can think of.

What have you learned about this hospital in the orientation program today?

I already knew a few places on the tour but the credit union and payroll were new.

Well, that didn't affect you or involve you before?

Yes.

Thank you very much.

INTERVIEW #2, ORIENTEE #1, HOSPITAL B: 2/15/89

How do you feel about your orientation at this point?

I feel real good. I feel that everything is being covered. But, basically what I need to know to be able to function on the unit.
What do you understand your role to be?

Just a primary care giver and as an R.N., I guess.

What have you learned in this orientation program that you feel is effective to help you perform this role?

Learning how to do the paperwork and administer blood, and I know the thing that will help a lot is the central-line in-service. The unit I work on has a lot of post-op patients with central lines.

In what ways do you think this program is ineffective?

I can't think of anything.

Are you're speaking from being an experienced nurse, and having worked here through an agency? Do you think this program has covered what you need?

Yes.

Do you feel ready to assume the role?

Yes.

Why?

Because I've done it before and I am ready.

And what contributed to this feeling is your past experience?

Right, because I worked here for six months.

And it was good enough for you to want to try it again in a different category?

Right.

Did you get an orientation similar to this when you worked
here through the agency?

No. I just came to work. I just went to work.

The same day you came her, you went to work?

Right.

And you were able to function without any kind of mishaps?

Asking a lot of questions.

And you had someone there who was able to answer your questions, or did the person direct you to where you could find the answer?

Most of the time they could answer the questions.

How selective were you in asking people?

What do you mean?

Did you pick other R.N.'s or did you just go to the supervisor?

Other R.N.'s, usually the charge nurses on the floor.

Okay. I thank you very much.

INTERVIEW #3, ORIENTEE #1, HOSPITAL B: 6/13/90

Orientee #1B returned to Hospital B in July of the study year. She completed the computer class for orientation and worked in Hospital B approximately once every six weeks. Shortly after her departure from the orientation program, she spent thirty-three days traveling through the Philippine Islands and China on a mission
sponsored jointly by the United States Department of State and the Lutheran Church. The following interview took place more than one year after the study via telephone.

Now that I've finished orientation ... I thought orientation was very good. I do remember it being a little long. I know I was very excited about my trip. But all in all, I would say it was good.

I think I'm ready to ...

Well, I was ready before the orientation really. You know, sometimes I thought it was kind of silly for them to send me to orientation because I had worked there. I really don't mean silly, like stupid, but a waste of time.

I would have liked more ...

Nothing, really.

Would you have liked less of anything?

For me, personally, it could have been skipped all together. The computer class was what I needed. I think I could have managed with just that and the personnel stuff.

What impressed you most about the orientation program?

The instructor, Ms. Mary. Her attitude; her whole demeanor. Most of the people who work there have nice friendly attitudes and are helpful but she is
especially nice. Whenever I see her, I make it a point to wait and say hello.

Have you had a reason to return to her department?

Yes. Re-certification for C.P.R., but someone else did that and I think I went for another in-service in the department. Usually, I do a weekend special and she's not there. Once in a while, I'll do a shift during the week.

I was least impressed by ...

The time wasted.

What do you understand your role to be in this hospital?

To give safe quality nursing care, to fill in as a flex nurse in areas where there is a staff shortage.

To what extent do you feel the orientation was effective in helping you understand your role?

To some degree, but I came in knowing most of what I needed to know.

When did you begin to feel ready to assume your role? And what specifically contributed to this feeling?

I felt ready the first day because I had been doing the same thing for months before in the hospital.

INTERVIEW #1, ORIENTEE #2, HOSPITAL B: 2/14/89

About how many jobs have you had?
Four since I graduated.

Did you go to school in New Orleans and what year did you finish?

No. I went to NYU. I finished in 1984.

What did you know about this hospital before you came to work here?

The only thing I knew was that it was renowned, at least throughout the south, and I think throughout the world, and it is a very renowned medical center and a very old institution: for good patient care and known for its nursing school and even once, research.

How do you feel about your orientation at this point?

Well, I feel like it is going to be a more thorough orientation than what I had expected, and I feel good that they are going to pass on to me the policies of this institution, and that makes me feel that they do have some standards and ground rules that they go by, and that they are interested in quality of care if they are putting myself (just a part-time employee) through this long orientation and it is a paid orientation.

Do you think that they are making this investment in you because they want you to stay?

Well, this orientation would be for anyone for no matter how long the initial interview had gone. But in the initial interview, I did express that I want to
work part-time in order to see what the institution is like, and maybe later, I would become full-time. So, perhaps that is one of their goals to make this investment.

To what extent do you think this orientation program is effective?

Given the overview of the orientation that we received yesterday, I do think that the objectives of the orientation will be met for basic entry into the system.

You say that the objectives will be met. Do you think that they are going to really help you function in this institution?

Yes, I think so. Some of the things of the tour yesterday, and showing us how the system works, and getting materials, and letting us know how to get medications. Of course, it can become much quicker in the clinical setting, but it is good to show us how.

What do you understand your role to be in this institution?

First would be safe and quality care of patients. Integrating the family into the picture, because the family has already been mentioned in my job description. My role as a PRN flex-pool nurse will be to fill in the gaps where they need help with staffing.

So first of all, your job is to give quality care to
patients, include the family, and provide continuity as far as staffing is concerned in giving this care to the patients when regular staffing is not available. Do you see yourself as a member of the Touro nursing team?

I don’t know the answer to that.

That’s fine. This is the first interview, and if you don’t see yourself that way yet, it’s okay. Could you improve the orientation program?

No, because I have never done any teaching.

What was the most impressive event or occurrence that happened to you up to this point in orientation?

Well, the person in charge of the house orientation from the very beginning. There were six of us in the room, and she said instead of introducing ourselves to talk to the person next to you for a few minutes and she would be with us in a few seconds. I have never started out in a group like that. When she said that, immediately everyone just turned to the next person and it seemed they found so much to talk about, and that impressed me.

Was anyone talking in the room before that?

No. Everyone had been pretty much just sitting at the table. I found plenty to talk about with the person next to me. And as I was talking with him, I looked and everyone else was just getting along just
fabulously, too.

Good. Did you have to introduce the person you were talking to?

Yes.

What have you learned about this hospital in orientation?

Well, I think those little buzz clue words are something else, because I have had experiences in the past just trying to base what I am hearing on my history. I think this place is moving forward but there is this change in the administration and re-organization, and I am not sure what is going on. But I think that they are making some changes in their health care delivery and their nursing organization. This could prove to be very beneficial. They might be moving from the sixties' type approach or the seventies to some of the approaches I've seen in the northeast. Does this perception of movement feel comfortable for you or does it feel threatening? How do you feel about the perception of movement you have?

I don't feel threatened because I still feel like I am on the outside looking in. But I just found it very interesting in my interview with the head nurse of the SICU. It was brought up yesterday that they've had the same director for seventeen years. I've seen this before in small hospitals, particularly in the south
for even longer. Then when the move starts in administration, the people who have been on staff for many years really feels threatened. Sometimes, they get left behind in the movement and change.

Did you hear this from the head nurse or supervisor?

Yes. The supervisor mentioned it many times during the interview.

Did he mention it in a kind of scary fashion?

Well, No. He's sort of new here himself and he was very pleased with it. No. He said when he first came, it was still the old training school atmosphere. Emphasis on caps, chain of command, and staff not having much worth. With the changes taking place, he already feels he has a larger voice.

Did they say anything about decentralizing?

Yes, the man who interviewed me; he mentioned decentralizing. If he didn't mention it yesterday, then it was in-house orientation. I am familiar with what that means. I've seen it work very well, but it is a bigger burden for the supervisors; usually one they welcome, though. It can work well.

Well. That is the end of the interview, and thank you.

INTERVIEW #2, ORIENTEE #2, HOSPITAL B: 2/16/89

This is about the middle of your classroom orientation,
How do you feel about the orientation program at this point?

My feelings haven't changed much since Monday. I'm still feeling positive.

Why is that?

I guess because nothing has happened to disappoint me. And I'm looking forward to Friday's computer class. I'm fascinated by computers. I hope to own one when I settle in one place.

In what ways do you think this orientation program is effective?

Thus far, I think just doing what they said they were going to do, and Ms. B has shown that there is follow through on that promise. So, if they promise orientation and give orientation, you begin to believe you can trust them next time a promise is made. It's kind of subtle but it's there and it's important.

In what ways do you think this program is ineffective?

I can't think of any. Really, Ms. C, I'm very pleased with what is happening here. I may not be expressing it very well. It's more a feeling or a tendency to feel comfortable. And I can't say anything about the program has been ineffective.

To what extent do you feel ready to assume your role?

I feel ready to try, to the extent that I feel like I know my way around the hospital generally. I know some
people here and I feel I can get attention and help if I need it. I feel I have a lot to apply and I'm ready to see if I really learned it. Does that make sense?

What contributed to this feeling?

The tour, even though I didn't know it at the time. But finding my way in and out since the tour has helped me feel confident about the physical plant. Ms. B is someone I feel comfortable with and I think I could seek her out if I had a problem. Not that everyone I've met hasn't been nice. And I guess it's just me feeling good about being here.

What do you understand your role to be in this institution?

To be a team member in the I.C.U.; to be a patient advocate; to help the patient's family; and practice my art safely.

INTERVIEW #3, ORIENTEE #2, HOSPITAL B: 2/27/89

Now that I've finished orientation ... I'm glad it's over. I feel I have a lot to apply to the unit I'm working on. I still feel some stress but it's getting better. I know the orientation could prepare you for everything. Sometimes when I'm looking for something and I can't find it, the stress in me is real bad but I know the patient is safe in my care.
I'm not going to let anything happen to the patient because I can't find something. I'd ask for help and I've never been completely alone.

I would have liked more ...

Time on the computer because I'm fascinated by them. But I'm doing okay on the unit. I can make changes for meds and order supplies. So, I did learn it and maybe more time with a buddy.

I would have liked less ...

The videos, I guess. They were just not up to the level of the other presentations. The salesmen were better than the videos.

I was most impressed by ...

Ms. B was just wonderful and the equipment; everything works. The hospital is beautiful and it's clean.

I was least impressed by ...

Probably some of the medical staff, but some doctors are just like some people; personality problems that have nothing to do with the job. Orientation couldn't prepare you for that. So, it's not really a fair answer, is it. That's the least impressive thing.

What do you understand your role to be in this institution?

To work as a staff nurse in the I.C.U. giving safe competent care to critically ill patients; to work in harmony with other staff members; to treat the families
of the patients with courtesy and respect.

To what extent do you feel the orientation was effective in helping you understand your role?

I think the orientation was fine. It presented the facts you needed to know and it helped ease you into this setting gently. Their shortages and needs were placed on hold, so to speak, in order for you to make the transition.

When did you begin to feel ready to assume your role?

I was ready the first day. I was ready to sink or swim. Then I found out I didn't have to sink because the orientation program was my life preserver.

What contributed to this feeling?

Well. Everyday I feel a little more comfortable, a little less stressed.

INTERVIEW #1, ORIENTEE #3, HOSPITAL B: 2/14/89

Where did you go to school?

I went to school in San Francisco. I got an Associate's degree at City College.

What year did you get your degree?

1982.

About how many nursing jobs have you had since 1982?

About five before I joined the travel company.
Do you count each assignment as one job?

Oh no. I count working for the travel company as my job. I've been assigned to about seven hospitals since I started traveling.

When was that?

1987.

What did you know about this hospital before you came here to work?

I didn't know that much about this hospital. It was more like I wanted to be in this area. The nursing agency that I work for said that there was an opening here at Touro, rather than Tulane. This is the hospital that did have one opening for one nurse; so I accepted it.

So you had a choice between Touro and Tulane?

Actually there was a choice between both hospitals at one time, and by the time my last assignment was finished up, this was the only choice that was left, so that is how I ended up here.

Do you work for Touro or the travel company?

I work for the travel company. Touro has a contract with the travel company for my services for staff nurse for eight weeks, although I do get paid by Touro. I get my paycheck right from the hospital here. That is not always the case, but it is in this instance.
Is this part of the contract with the travel company that you go through the same orientation that the regular employees go through?

Oh, no. Every hospital has their own way of dealing with orientation, and there is no set-up between my agency and the hospital that certain things have to be met. There is no standard, there isn't anything set up. So, it's all what Touro, the hospital, wants to present to you as a new employee.

The program that you're going through now; how do you feel about it since this is not something that is routine for you?

Well, this one is a lot more in-depth and longer than a lot of the other hospitals I've worked at. In fact, the base line of most other hospitals is one day they teach you the paper work, the next day, you're on the floor with a buddy, and the next day, you function independently.

How do you feel about that?

Well, it's usually kind of scaring if you don't catch on quickly.

And do you catch on quickly?

I catch on quickly and I ask a lot of questions. Because it seems like patient care a lot of times is the same throughout the country, and procedures it
seems to me are pretty much the same. It's the charting the paper work and that you really have to check with, and the different ways that they handle medicines; I find that is always different. You know, that changes, med cards and MARS and RANDS.

What is a RAND?

A RAND is like a kardex with all your patient care plans on, and a lot of possibles you have to check your medication RAND or MAR (Medication Administration Sheet) with the care plan. That is where the drugs are taken from a doctor's orders and put on the care plan. So, you check with the care plan and your MARS to make sure they are right rather than drug tickets and drug cards. All that takes getting use to, it's all different.

What does RAND stand for?

Would you believe, at this minute I can't remember.

How do you feel about this program so far?

This moment I feel like it's very very good as far as you kind of come in with a syllabus, you know what to expect, you have a written time schedule of what you're going to cover each day. And that is very good for orientation, you know, you just wander around kind of wondering what is expected of you. And also, I find that it is easy; you can ask questions here now before

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you get on the floor when everybody is busy and you
don't have time. Although, sometimes you don't know to
ask a question that can help you on the floor. But it
seems, because I am so use to brief orientation; is
that this almost a little long, because they just kind
of usually throw you to the wolves at every other
hospital, its just like you're right there.

What do you understand your role to be in this hospital?
To function as a staff nurse according to the policies
and procedures and the expectations of the staff nurses
at Touro.

What do you think the expectations are?
Well, as far as everything that has been indicated to
perform your role safely. And also to meet all the
other nursing standards as far as medication and the
delivering of medication, and routine patient care. It
seems like they do seem to expect you to be a little
more friendlier because it's a private hospital, maybe
a little more concerned, or express a little extra to
the patients. I worked at a university hospital last
time; understaffed, overcrowded, where it's been task
orientated get it done. Don't be rude to the patient,
but you don't have to run around to polish their toe
nails either.

What have you found most effective in this program?
The fact that Ms. B is a nurse, and she can talk to you from a knowledge background because of her experiences here, as well as being a nurse as opposed to being an administrative person who can only talk to you about rules and things.

Has that been your experience in orientations in other places? That it is an administrative person and not a nurse.

Right. What it usually is, is that it is a nurse, but who is so far into management that she hasn't been at the bedside or had any clinical experience in years and years, and she just stands there, and her only role is to stand there and tell you how to chart and what the papers are. And you could ask her about things that you might experience right on the floor, and she just has no idea. She just says ask when you're up there. So she'll just stand there sought of management wise and just tell you how to fill out the forms and that is it. And I found that you really don't quite find what you need to know until you're on the floor with a nurse, and then it clicks. Buddying up and then you kind of really see what it is. Because when she is just standing there telling you okay this is how you do all these forms that you already know. She hasn't been on the floor forever you know. No help.
What have you learned about this hospital in the orientation program?

That it is a private hospital, it's got 500 beds, and Dr. Levin developed the N/G tube here, that it was founded by Judah Touro who was a Merchant Marine and founded this hospital for the care for other Merchant Marines and indigents. Also that it has an old building, they are adding on and changing their buildings, and it seems like everyone is pretty friendly here, I haven't run into any sour pussies yet.

Do you feel that the information that has been presented so far about the historical aspect of the hospital increases your appreciation or makes you more interested in being here or happy that you came here?

Most definitely. I feel like you can identify more with a place when you know its history and that you can feel part of that when you are working in the hospital as part of its history. It just feels a lot better than just going cold into any old institution that really just presents itself as yes we're here to make our money and serve the community, but we don't have a history we want to discuss.

Often, people are turned off by history. And, they would rather skip over the history and get to the important stuff like the paper work, the medication administration policies.
And some people do feel that spending time on history of an institution is a waste of time. So I am trying to get your thoughts on that.

Well personally for myself, I don't. I remember one of the nurses I met in my life that I most admired was from England; an English nurse, and old English nurse, a male nurse. And he was telling me that they were required to take a history of nursing classes where they learned such things as at one time you had to return leeches to the pharmacy to devoid of blood, and you did that by putting them in saline solution so they would regurgitate the blood, and then that is the way you return them to pharmacy. Things like this make nursing interesting to me, it is a profession with a history. It is not like we just got out of nursing school and we're out there to make our money and to give shots. I mean it is a profession with a long history. And I feel the same way about institutions. and to me, it gives me a sense of continuity and pride in what I am doing.

And do you think by knowing the history it also helps you to get a better feel for what the institution expects of you, how the institution expects you to function?

Oh yes, I do. I feel like they have maintained their reputation as long as they have and they are still in
business because they have a good reputation, and it makes you feel like you don't want to let them down; you don't want to let history down.

Okay, thank you. That is the end of interview number one.

INTERVIEW #2, ORIENTEE #3, HOSPITAL B: 2/16/89

How do you feel about your orientation at this point? The classroom portion, and you'll be going to the clinical after this. So how do you feel about it now?

I feel like it's very good and very thorough. I feel like there are opportunities for me to ask questions and get my questions answered.

How do you feel about the answers you're getting?

I feel very good about them, I don't feel like I've been taught to lie down on the floor or look it up for myself. My questions are being answered right now.

What do you understand your role in this institution to be?

To work as a staff nurse on 2-7 as an RN, providing safe care for the patients at Touro.

Has anything else come to you from your contact with the personnel people yesterday and with the instructor other than safe care, working in the staff nurse level ... that means you're not going to have any charges or responsibilities at anytime, right? what about your role as
a patient advocate, did you get that impression or feeling that you were sought of like a patient advocate?

Oh yes, and I got the feeling that there are avenues to take for any problems. They have encouraged me to look at the institution with new eyes and talk more of suggestions if I thought of ways of improvement. And also they told you that there were avenues to take if you had problems with anything that was going on; you weren't just here to do your work and keep your mouth shut.

Is that new?

Yes. As far as other hospitals I've worked at, you were there for a short time as a traveling nurse; three weeks was all they cared about; you being there and you're doing your work and taking some of the load off their being short of staff for so long, they just wanted you there, another body taking the load off doing your work, and that is all they expected of you or cared about. It seems like that is what was put across.

And that is different?

Yes. Here it seems as though even though I am a traveler, they welcome you almost like you're going to be on staff with them. You feel like you're on staff rather than just kind of a visitor helping out. Not
another body.

After three or four days, in what ways do you think this orientation program is effective?

I just feel like they have given you their objectives and oriented you to the hospital and their way of doing things, and they have met those objectives.

So you're saying that they have done what they said they were going to do, and this is what makes them effective?

Yes. A lot of places don't even say that they are going to do that. So, comparing this hospital to other hospitals, it has been effective for me.

Well, in what ways do you think this program has been ineffective?

I can't really answer that now, because so far this classroom has been very effective for me. And usually what I've found if things are not effective it's in the clinical area when I am on the floor; I don't have the person to answer questions, I don't have any guidance. And that is when I find orientation to be ineffective. Here in the classroom it's been very good when you're on the floor and no one has time, they just push the work at you and say do it then run to the other direction to do theirs. That when orientation falls apart. I'm eager to see if this will come together or fall apart.
To what extent do you feel ready to assume your role in this institution? Now, I am not talking about your skills as a nurse. But as far as the way that the hospital expects you to participate in patient care and in the general meeting of their goals as a hospital in this community, do you feel that this orientation has made you ready to assume that role?

I would say yes. I'd qualify that until I've had one day of clinical because that's when you have to know what the set up of the unit is how to just do things. I haven't even seen my floor yet. Once that's done, I'll be better able to say. But up to now so far as paper work and what their policies are and where to look up their policies and where to go for problems and who to see. Yes, I'm comfortable with that.

What contributed to this feeling?

Just being able to ask questions, just having answers not having something pushed at you and have someone say you do this and that's it. It's been like are there any questions, but you know not to ask. When you can ask questions or feel that it's okay asking questions and then get an answer and not be pushed away that makes you feel real good.

Could you improve this orientation program?

It seems very good. The only thing I would probably do
is have maybe someone talk about things like care plans that are so important and charting is so important. And it seems that when you watch those videos; I mean when I am listening to a person and they are telling me something and I am looking at the piece of paper, and I can ask them a specific question and they can come over and answer me right there. Then, it seems like I can absorb better than when I am just watching a video about. This is very important: the documentation, the care plan, and all the charting is very important. And here I am watching this video trying to absorb it and stay awake and try to key into the key point. And I am like they kind of lost me a little bit too much at once.

So your improvement would be to have actual people instead of video tapes so that you could interact with them, for something as important as that?

For something as important as this, other things that seem to be routine, they are the same in almost every hospital, like fire and safety. Exactly, I mean you can watch those videos and its almost like they have the same video in most hospitals throughout the country.

Listening to a person would benefit?

Yes, and have them come over and show me if I have any
questions about it.
What was the most impressive event or occurrence or person that you encountered in your first day and a half in orientation?

Ms. Bertram was very sociable and very nice, very helpful. Seems like she really knows the hospital, she has been here for a very long time. She seems very welcoming, a very warm personality, and somebody that you'd remember as your first person.

And she has impressed you?

Yes.

INTERVIEW #3, ORIENTEE #3, HOSPITAL B: 2/27/89

Now that I've finished orientation ...

I think this hospital is an okay place. Two weeks and four days into my seven weeks, the worst thing that has happened was my car getting impounded for being illegally parked but that wasn't the hospital per se.

I think I'm ready to ...

Do my job.

Which is?

Staff nurse on 2-7, give safe care to patients, help family and visitors continue the image of Touro Infirmary as a leader in health care in the south.
I would have liked more ...

That's hard to say. The whole orientation was more than I had previously received in other places at other times. I don't think more or less of anything. I was getting restless, you know. I'm okay now.

Well, that's the next question - I would have liked less ...

Is that your answer? You would not have liked less.

Yes, I'm going to stick with that. Because as I've said based on my experiences it was more. I've had less and survived but this was good and then the orientation on the unit with the unit supervisor was very significant. You didn't learn what the administrator thought you should know than have to unlearn when you reached the floor. Or even save your questions until you got to the person who knew.

I was most impressed by ...

I guess Ms. Bertram first and my head nurse. I'm impressed by both these people equally. Their loyalty to the organization as well as the job knowledge, their level of enthusiasm and I don't believe it's a put-on. It's amazing to meet some one who has been in the same hospital more longer than I've been living.

I was least impressed by ...

Some of the orientation materials. The videos, particularly on the subjects like standards of care and
paper work. I would have preferred that be done live instead of taped.

What do you understand your role to be in this institution?
To be a member of their health care team; to practice my art which is nursing in a safe manner; to be a patient advocate; and to assist and support the patient's family when necessary.

To what extent do you feel the orientation was effective in helping you understand your role?
I think the orientation was primarily responsible for this feeling. It provided me with the information about the hospital and its community image and involvement and time to digest in a sense the information and then a sounding board or really a resource person to clarify my questions.

When did you feel most ready to assume your role?
Do you mean like a date or exact time?
If you can pin point it, yes. If not, your best approximation will do.

Well, like probably Tuesday or maybe yesterday. I mean, I felt no tension at all about coming to work. Like sometimes you have to push aside old mistakes and fears. Try to remind yourself to steer clear of this or that because you see similarities in your present situation; well, I'm not there. I feel like with what
has happened so far, I can let my guard down a little and be comfortable and just do it like I know how.

What specifically contributed to this feeling?

I guess the positive experiences I've had here.

When did you feel most ready?

Maybe today. I'm still on a positive experiences roll.
APPENDIX D

Transcribed Interviews of Instructors

Interview of Instructors - Hospital A
Instructor #1A
Instructor #2A

Interview of Instructors - Hospital B
Instructor #1B
Instructor #2B
INTERVIEW #1, INSTRUCTOR 1, HOSPITAL A: 1/17/89

How do you feel about the orientation program you are involved in?

I feel very positive about it because I think orientation programs in any modem, whether nursing or not, has to be able to meet the challenge and maybe subsequent opportunities to develop personnel with a positive attitude. And, I think the orientee and the person doing the orientation develops a rapport that stays and sets the stage for the future retention of that individual; so I feel positive about it and the challenge, of course, is new to me. I was in charge of what you saw yesterday (Mandatory Review) and staff development, which I still do; but orientation takes up a lot of time. So that is one of my main responsibilities, but we are going to be rotating orientation in the department every year because it is very time-consuming for one individual.

So the applications now come to nursing instead of personnel?

Yes, they go to the nurse recruiter, and she initiates the application. She has the references and the clearances, and then when they report for duty they go to personnel, etc. But I guess if I wanted to know and
have more information about them, I would go to the nurse recruiter. She takes her position very seriously and I think a lot of that information she keeps confidential.

You have overall responsibility for the orientation program, is that right?

Yes, for all new personnel in nursing service. Instructor #2A will be doing the I.C.U. course. They have an extended orientation because they are new graduates.

What did you know about the orientees before they arrived?

Nothing other than they were GNT and a returnee. None. That is privileged information, actually, and we don't review any of their stuff until after they are here. It's not information that we have access to. The only thing I know about is usually about a week before they come, since I have to plan their files and I like to individualize, is that they are GNT's and a returnee. The returnee only needs a few days based on how long it's been that she has been out.

So that means that the returnee only needs a couple of day based on how long it's been?

Yes. A lot of people come back.

I noticed for the GNT's. What does GNT stand for?

Graduate Nurse Technician.
Okay, thanks. I noticed that, for the GNT's, you have this extended schedule. Suppose you had a nurse who had been out of school for 5 years and had worked some place else. What would her orientation period be?

She would have a two-week long orientation and then she would have a unit orientation. Orientee #1A had 4 days because she had been here 17 years. These people have never worked before so I'm trying to find the middle ground for orientation. I will tell you, we had a middle-aged woman who came in October and she is on unit-based orientation.

What does that mean?

Unit-based means on the floor. She's on the floor working straight days, even though she's oriented to nights and evenings. Because her head nurse isn't ready to turn her loose. So, because she had a lapse of 15 years, so we individualize. The bulk or main part of orientation is always two weeks for someone who has not recently left and come back. A returnee is anywhere from a week to two or three days. We've had people who leave, a month later they're back, and that's for personal reasons. They pull out their retirement because they need that money.

When they come back, they get orientation for what?

Whatever is mandated for new employees - not the rest.
When people have been out for long years, their's is longer? Yes, but it is based on the participation of the head nurse. Some people have had a year. Brand new people may have 3-4 months. Therefore, it is more an individualized orientation based on the needs of the nurse.

I'd be interested in knowing what the retention rate is. I can't tell you because I don't know. The nurse recruiter knows that and she circulates a retention statistical report every three months. I'm interested in seeing if my having the orientation makes a difference because I'm introducing a whole lot of new different things; one is returning for brown bag session. My first is scheduled next month. I'm hoping the head nurses will schedule the nurses so they can participate if they want to. I would like the orientation group to come together. They seem to develop a rapport.

You're going to do this on a three month basis? Every two months at least for the first year. See what happens. Let's clear the air and hear what's bothering you. I think it will be a nice experience.

Establish a support network? Sometimes after the two weeks are finished, you're kind of sad. The last group had a party. It was a fun
experience. I really do believe the person doing orientation can make or break it to the extent that I will tell you. For two weeks, I don't have so many other commitments in this medical center. That's the biggest thing the orientor has like all the other extenuating things that are occurring here that I am responsible for. It's like turning off 2 weeks or your life every month, putting it on hold, and not being able to do anything else. It's overwhelming, your office becomes a mess, you can't do anything else. But then you see the positive impact.

How do you feel about the hospital's expectations of the orientee?

I actually believe the hospital, by that I mean the head nurse of the units actually, I feel they should be functional. But they think that more is needed. When they finish with us for two weeks, technically they are not. There is another month on the unit on orientation. Some head nurses have different expectations and ideas from others. Some head nurses are very vocal about orientees needing this or that, thinking that orientation is the time the nursing instructor should be teaching IV Therapy or should be doing this or that. Other head nurses feel, "well now they're on my unit and I'll take care of them." That
kind of thing, I think, is a varied expectation. I can't say it's very consistent. It depends on the head nurse and her expectations. Shortages have a definite impact. I don't have my ID on but RN's across the board have the connotation that every RN should be capable to do everything; giving IV's, administering hyperalimentation, doing dressing changes, doing everything - but that's not true, you know. So, that needs assessment. So, initially it is a really good criteria of seeing where their strengths and weaknesses are, but there's no way that myself, being responsible for 5 med-surg units, is really capable of upgrading nurses' skills.

So sometimes the head nurse has to help with this?

We originally, five years ago, had a preceptor program where there was a preceptor identified for every unit. That doesn't exist anymore. Because of the nursing shortage, we can't have that luxury anymore and we need somebody to update everybody's skills. They work to buddy themselves with nurses on the unit and work with them for months so that everybody on the unit was at the same skill level. It worked out beautifully until the person in charge of that program quit or left. She was the chief of education. When you ask about expectation, I really do believe they are individual on
each unit. I think the units have bizarre or, I don't know if bizarre is the the right work, but I think they are unfamiliar with what we do here in nursing education. They feel we don't do an adequate enough job, but I'm not too sure what they think we need to do.

Do you do anything with the head nurses to prepare her to receive the orientee?

I go down with the orientee. When the orientee comes in, the nurse recruiter introduces the orientee and the head nurse to talk. The head nurse talks with the nurse and makes a decision on whether or not she wants this nurse. So it begins there. Because there are certain units that have needs and we can't make that decision that you will go here or there, if that head nurse is giving to clash with the person. So the nurse recruiter gives the head nurse and new nurse the opportunity to say no. I really don't like so and so or such and such, or the orientee may say, "May I go to orthopedics or wherever?"

The head nurse meets the new nurse before they come to orientation?

Yes, and it is bizarre when that doesn't occur. If that doesn't happen, then the first day of orientation, I ask have you met your head nurse and I take them.
But I know they had met E----- (ICU head nurse). They already know where they will work. They're not waiting to be assigned. Also, they know where they're going to work because, you see, that's kind of a negative and they could just up and leave and we've already hired you so they know where they're going.

Do you think this enhances the transition from outside to hospital person when they know where they are going?

Yes. I think it does enhance the transition because coming into this hospital system is another transition that they have to make because the VA nurse is different.

Tell me about this.

VA nursing, in my estimation, is different from nursing in the private sector. Different in that you treat a different type of patient. 95% of our patients are males, 75% of our patients are over 65, and many have war related injuries and if the injuries are not physical injuries, they are emotional injuries like P.T.S.D. - Post-traumatic Stress Disorder - which you don't see much of in the private sector. And our policies and procedures are completely different from the private sector's. We don't allow LPN's to do the same thing they are allowed to do in the private sector. So, when I say the VA nurse if different, she
really is. And if she doesn't stick it out for a year, she will never learn to work with veterans. You have to court the relationship if you want to put it in a relationship-marriage kind of situation. You have to court and I've always stressed to the orientees, you have to stay a year before you get to know the system because it's such a big bureaucracy with chains of command and you just can't violate the chains of command. And you have to learn to work within this bureaucracy. Once you learn to work within it, it's not too difficult to maintain the patient which is the number one focus. Sometimes you could turn it and I'm very selfish so I do think the VA nurse is different. If the VA nurse wants to go out to the private sector, she is easily hired because she is extremely clinically skilled. She is very very good. Like this lady we hired after 15 years absence from the field. No other hospital would hire her. To see her operating on the units now is the most wonderful thing to me. She had a refresher course in the fox hole, as it were. Now if she quits on us, we've made a heavy investment and lost because we have made a good clinical nurse of her. You know she just kept her license up on paper. Did you find out why no one else would hire her?

She came to the VA and we in nursing education decided.
As a matter of fact, the nursing recruiter would not recruit her. But she came and said we're getting a lot of these people. They are responding to the nursing shortage. They see ads in the newspaper but when they answer the ads, no one will hire them. So this lady came to nursing education and asked us to work with her. It's a challenge. We're all looking for challenge. Well, we decided to work with her. But let me tell you, if they don't stay, we're gonna get it.

There's only one?

No. We've taken two of them. One is in the O.R.

How recent was this?

In the past three months.

Is there anything you're seeing that leads you to believe they are going to be here or not?

We meet with their head nurses once a week and get feedback. Is there anything I see that leads me to believe they are not going to be here? No, not that I see. No, but I worry about that because we're taking the risk, sticking our necks out so somebody can say, "Well, they (nursing education) said "bring 'em in" and you see they are still on the schedule as orientees. They're not considered employees yet." They are employees, but not on the unit schedule.

Are you saying, they are not taking anybody's place by being
scheduled this way?

Yes.

That should take some of the threat of new employment away then.

That should take some of the threat away but the head nurse still does not feel ready to let go. It could also be not wanting to have their staff pulled to another unit.

What special behaviors do you look for in your class to signal readiness to assume the role?

The measure of enthusiasm shown during the classes. Probably positivism to what is said, not a belligerent attitude, and certainly not hostility and anger. Sometimes in orientation it is difficult to pick up anger and sometimes it is not. This group is certainly positive in attitude. They seem to have high self-esteem and are self-assured. And they're only new grads. Very self-assured. That fact in and of itself is what I'm sure I'm seeing is because they are mature, not young kids, and they chose nursing after having successes in other fields. So I look for a positive attitude and self-esteem or self-assurance. You can tell by their carriage, head held high, questions, and the humor they display. I think they're going to do fine here.
If you had not seen the behaviors, would you have done anything?

Well, I don't know if I have to do anything or if I could do anything about it. If I pick up anything that is negative or I think is negative like a belligerent attitude or someone who is repeatedly disruptive, I would talk to that person on an individual basis or I'd have to talk to Ms. T. Because I really don't see how the disruptive behavior is going to be accepted. I have difficulty sending that type individual to a head nurse. Because I'd be seeing negative behavior and possibly picking up some physiological deficit. We had someone in orientation always falling asleep. I started wondering if this individual had another job or what was going on. When I spoke with this individual about her sleeping and asked if this was typical, she said no. We explored some physical symptoms, and she was seen by a physician. Come to find out, she was hypoglycemic and didn't know it. But it is certainly negative behavior and it was because of inquisitiveness that the real problem was discovered not interpreting negatively what I saw. I believe if people aren't inquisitive, they're afraid. Now one of the orientees is sending out negative signs and I'm going to take that up this evening. I'm certain you've picked this
up. I'm going to do this because I don't want it spreading all over the hospital.

Other than by asking questions, how do you know your students have learned their role?

The only way is to do a pre and post test on the concepts presented in the classes and individual sessions with them. We don't truly demand the individual know everything. Everything is presented with the idea that when it's needed, you know where to find it on your unit. And if you forget, it's available to you so we stress the source of the presented material. The more they practice here, the better they'll learn the policies and procedures. We also have an evaluation at the end of orientation.

There are a couple of evaluations following Mandatory Review?.

Yes. Now Mandatory Review is incorporated into the orientation simply because it is a good way to process the orientee. Because that's a fairly comprehensive review and for every employee not just orientees. We just plug it into every orientation every month.

Anything else you want to add?

No, not that I can think of.
INTERVIEW #2, INSTRUCTOR #1, HOSPITAL A: 1/23/89

To what extent do you feel Orientee #2A & Orientee #3A are ready to perform the institutional role?

I feel Orientee #2A is ready and Orientee #3A will get to that stage of readiness.

Why?

Well, Orientee #3A is having some problems because of his other commitments or prior commitments, I should say. He's feeling, right now, that he's been lied to but I'm sure we'll be able to straighten this out.

Are there any special behaviors you see in Orientee #3A and Orientee #2A to signal readiness or lack of readiness?

The behaviors I've observed in both these nurses is influenced, I think, by their maturity. They want this, so there is interest and self application to whatever is the task for the day.

Other than by asking, how do you know if the orientee is learning?

Well, I think it's more perception and observation right now. However, there was the pharmacology test that demonstrated they understood safe medication administration. They also ask good questions.

How sure are you, at this point, that Orientee #3A and Orientee #2A will be able to function as expected by the
administration?

Pretty sure. You see, this was their choice. Both of them had been here before so there's not going to be a shock of any kind. They've worked with the nurses here. They know or rather they've been exposed to the rough spots and they made this conscious decision to work here. So, I feel pretty sure.

How certain are you at this point that Orientee #2A and Orientee #3A have the potential to function in this institution.

Isn't that the same question?

No. I'm asking about potential to function. I'm asking about growth in this institution as nurses.

In that case, I can see either or both of them moving in the VA system administratively or clinically, whichever route they choose.

Why is this?

They are both bright, eager people. this is not a first job for either of them. I think they're looking at VA and its career potential.

How do you feel about the hospital's expectation of new employees?

I feel the expectations are high but so are the rewards. The VA is expecting a lot of its nurses, but it is willing to give a lot, also. Not just money, but
opportunities for career development and all kinds of support.

So you feel expectations are realistic?

Realistic and proportionate.

How do you feel about the orientation program at this point in time?

It's a good program. Not perfect, but good. We make changes; we're flexible. We want nurses to succeed.

INTERVIEW #3, INSTRUCTOR #1, HOSPITAL A: 1/30/89

To what extent do you feel Orientee #3A and Orientee #2A are ready to perform their institutional role, that is the role of ICU nurse?

I believe they are ready to perform at an entry level. Certainly not at a skill level, but at an entry level. And, I guess, I feel comfortable with where they are at, and I don't believe that I had much to do with that as an orientee nurse. I just think that their own self-image and motivation has a lot to do with it.

You don't think what you gave them in orientation about the institution added to this?

I believe that added to that; perhaps significantly added to that because I was able to tell them people skills; how to use the system to it's best advantage.
And those kinds of things which are just me is not necessarily orientation policy. And their entry level into the ICU unit, of course, I've worked with the ICU unit at a minimum level of advancing them. Being their advocate and I guess that's one of the roles of an orientee nurse that feels committed to the employees staying in the institution, being an advocate for that person through the initial phases of re-socialization to a new facility.

Are there any special behaviors that you see in Orientee #2A and Orientee #3A that signal readiness or lack of readiness? Yes. Even after the last interview, I see a little bit more motivation. Yesterday, they came and saw me and sat with me at lunch time and told me how much they are enjoying the unit, and how they felt comfortable with people there and how they didn't feel frustrated. So, I see this motivation as positively reinforced by the staff on the unit.

Other than by asking, how do you know if the orientee is learning?

Demonstration. Well, demonstration on passing the tests, and Orientee #3A performed a 98 on his pharmacology exam, and Orientee #2A got a 94. So, that is kind of a demonstration of the knowledge. In the nursing process class, they had to develop a nursing
care plan. So, that was a demonstration of evidence of their passed learning behaviors. And I also see yesterday that she was able to call a code and initiate CPR. She demonstrated some significant learning, and of course a lot of that was reinforced during the orientation. Yes, they learned the CPR and the Code 6.

How sure are you, at this point, that Orientee #2A and Orientee #3A will be able to function as expected by administration?

I am 75% sure because I was able to discuss them with administration, and I was also able to go over with Orientee #3A and Orientee #2A, "Why are you here when you could be somewhere else?." And we went through the incentives of what this place had to offer versus somewhere else. Basically, I think these two individuals are mature enough to see nursing as a career, and their orientation is that this is going to be a career that they are going to have. Unless something happens to diminish that need, they won't go anywhere else; at least they hope they won't. And they will be able to perform within the guidelines of the institution. They have been told in orientation that if they are good to the institution, then the institution is automatically good to them.

How do you feel about the hospital's expectations of new
employees?

I feel the expectations are commensurate with the opportunities and rewards. There are all kinds of opportunities and when you stretch yourself to provide opportunities like that, you can't help but have high expectations and rightfully so.

How do you feel about the orientation program at this point in time?

Right now I feel good about the program and I know it's dynamic and exciting because I'm working to make it that way. Everybody in this department is enthusiastic and willing to take risks. We don't mind changing and we do. Fortunately our D.O.N. believes in us, our abilities, our loyalties, and so forth. So, we also have support. We don't do anything hair-brained but we dare to make changes. As I've said before, the program is not perfect but we want success here and we are continually working to improve.

INTERVIEW #1, INSTRUCTOR #2, HOSPITAL A: 1/23/89

How do you feel about the orientation program you're involved with?

I think that it's undergoing a lot of revisions in the way the program is set up now. I think it does provide
an adequate foundation for someone who is just starting employment here. The classroom combined with the clinical part of the orientation (2 weeks class, 2 weeks clinic), well, I think that does prepare more or less for independence on the unit. I would say that one of the things that we in the department would like to do is to do a little more combinations of class days followed by a clinical day to gel the information together. Otherwise, I think we do give them a pretty good foundation to start with in the classroom, but it has to be put together with our two weeks of our clinical orientation on the ward so everything can mesh.

Have you studied or reviewed any pre-employment information about Orientee #3A and Orientee #2A?

I have seen some information on Orientee #3A since he is one of the orientees who will be going to one of my assigned units. Normally, we don't review their files to go over application and that kind of thing. Normally, it is the case that the recruiter gives us verbal information, but in Orientee #3A's case, because I had him as a student nurse tech, I had some information on him previously from last summer. As far as pre-employment information on our usual orientees, very little except for the verbalization that comes
from our recruiter. Once they start here on their first day, they do fill out a performance inventory that does give them a chance to pre-assess themselves as far as the skills that we consider to be basic to the area in which they are going to. The instructor who is assigned to that particular unit receives a copy of that performance inventory and so does the head nurse. We'll review it to identify the areas of weakness so that we can focus there when they get to the clinical areas.

Is there any reason why the orientation instructors don't have to learn anything about the orientees before they get them?

Not that I can really think of. I don't know of any reason.

How do you feel about the hospital's expectations of new employees?

As far as the hospital is concerned, I don't think that they have any greater or any lesser expectations from nursing employees, than we do already in our department. If they come into nursing with pre-experience, our expectations may be a little bit higher because we feel that they have already established some foundation, and it is just a matter of us meshing what we give to them as opposed to what they
might have been through in another institution. With the new graduates, we do give them a little bit more time for their orientation and we don't necessarily expect their basic practice to be as comprehensive as someone who has had a year or two years of experience. So I don't think the med center has an expectation right away, except that they will provide quality appropriate nursing care. And it is just a case that we in nursing education, our expectations are the same for that matter, and it is just a case of once we get them into the clinical area or into classroom where there is some feedback on what is taught as well as to what was retained by the employee; that is when the expectations may either seem higher or it might say that we need to do a little bit more with this individual.

What about the hospital's expectation of them not as afar as their nursing care?

We expect them to be appropriate in their nursing care. But what about the hospital's expectations for them as learning other aspects of the VA system or other requirements of VA employees?

Are you addressing what we would consider non-nursing functions for a non-employee?

Non-nursing functions and whatever it takes to really get
into the system to be a member of the VA team.

In some circumstances, I think maybe the medical center puts a little more of an expectation on nursing employees when it comes to picking up a little of the slack from some of the other services.

Do you think that is realistic or not realistic?

I don't think it is realistic. And I don't really think it is fair for the simple reason that they want us to do our nursing care, and we only have a limited number of people resources to do our nursing care, and if we are involved with taking care of some of building management's job or some of engineering, or some of lab's things, that does take away from the time that we have to spend with our patients to do what we are here supposed to do as our job expectations. To a small degree, I think the medical center has allowed some of the other services because they are short on staff. We're short, too. We have in the past picked up a few non-nursing functions. An example of that might be with in the beginning with MAS. Our secretarial services on nights; we did not have a secretary who would pick up labs, and if they were stats, then the nurses would take care of the paperwork. As far as ordering, now we did try to solve that problem by having floating secretaries on nights who will pick up
those things. But we are still expected as nursing employees that if there is a stat order and the secretary is not there, we can order lab work on our patient, and that normally is not in this facility considered as a nursing function. So, that is one thing that we might have to do. On another occasion like if we have spills, instead of having a building manager, because they are not always there at the minute we need it cleaned up; nursing might do that. But as far as big big things that nurses are expected to do that would fall under the category of someone else, there is not any big big jobs that we have to pick up.

But to maintain the safety of the patients and visitors, nurses would go on and do these things and the hospital does expect the nurse to carry on these things. Right?

It is hard for me to speak for the hospital. I can say in nursing service because we want to provide a safe environment in those situations. When, as nurses and would expect that we would do that as part of providing a safe environment, even though it may not be a nursing function, to throw a sheet down there to mop up that water, or I have a patient in right away. Those things do happen, but I can't necessarily address what the big administration downstairs expects us to overflow like
that. I really can't. As far as nursing is concerned, I can say that we do expect safety, and there are some things that are non-nursing functions that we might get caught up in because we primarily provide our nursing care and this has to be done before we can do it.

What special behaviors do you look for in your class members to signal readiness, or lack of readiness to perform the role that they have been hired for?

That's difficult. Let's say once the classroom experience is over and the clinical experience on the unit, an evaluation is done of that new employee to see if they can function independently. And the way we usually pick up on that is through observation of the skills in which the individual is carrying out. In fact, the motor skills that they are carrying out on the unit, getting feedback from the employee as to what they feel comfortable with and doing things that they don't feel comfortable with doing; those are the things that we might have to work with them a little more.

Mainly from feedback from the employees, all this is post all of our orientation because orientation is the classroom plus the clinical orientation. Feedback from the head nurse, preceptor, employee, and if a nursing instructor is involved in most cases that is how we get feedback as to whether or not that person is ready for
independent function and that our expectations or job
description can be met by that individual. If in any
circumstances and we have had circumstances once a 4 or
5 weeks total orientation is over, we have had
employees that were evaluated and it was felt by their
head nurse preceptor, the instructor was probably
involved in this situation, too, and it was felt that
this individual does not have the psychomotor skills or
does not have the knowledge at this point to act
independently. And in most cases, we do expand the
orientation for the employee, as long as the employee
shows motivation. If they want to pick up the skills,
they want to continue with their employment here.
So, one of the behaviors you're looking for is motivation?
Yes. One of them is motivation.
Even if this behavior shows that they are not ready; as long
as they are motivated, you will work with them.
Yes, we work with them. We don't have a certain amount
of time that we will say for an experienced nurse that
we'll work with them. It all depends on what the head
nurse (his/her) assessment has in common. We have one
nurse that came in back in October, and she was not
released from orientation until the beginning of
January. She was someone who had been out of practice
for a while, we did an intensive type
classroom/clinical orientation with this individual to hopefully make her ready.

When they are sitting in class with you like they were that second day, are you looking for anything in them to show you that they're ready to go on? You did the mandatory review. When you're doing mandatory review and going over these policies, is there anything you see, or anything you're watching for to indicate that this person is understanding is not understanding what is expected of them?

Sometimes with me, I usually look at participation in the class itself, the individual asking questions, and seeing that look on their face of understanding. I know that's very subjective, so I don't always let that alone determine whether I think the person is ready. A lot of it has to come from once I see the person perform in the clinical area. Because being in the classroom and seeing the look of maybe understanding, and there are some people that are very good at masquerading understanding.

Other than by asking questions, how do you know that the orientee is learning?

With the classes that I teach, there are some psychomotor skills that they must demonstrate back to me. There are some written testing that must be done with the class that I teach. Examples are the CPR, the
recurring demonstration of the techniques, and also the written examination gives me some information as to whether or not the individual really understands the concepts we discussed in class. Additionally, with the other classes I teach, it is a case of having a learning activity post the class to see whether or not the information has been retained. With the computer class, it is the same way. It seems to be kind of a demonstration. But once they are in the clinical area, it is another thing that is going to let me know whether or not what we really taught them in class; whether or not it stuck or not. It is difficult to say in class with a lot of things that we are going over, a lot of policies and procedures; whether or not they have taken those in and they are going to be able to use them later. Because you are bombarding them with a lot of information during your two weeks, and for someone who is right out of school or even someone who has been in another hospital, it may be a little overwhelming. That is one of the reasons the unit-based orientation is extended another two or three weeks so that we can hopefully put those things together for the individual. But psychomotor performance will be the thing to let us know whether or not they can function independently.
Thank you.

INTERVIEW #2, INSTRUCTOR #2, HOSPITAL A: 2/09/89

To what extent do you feel Orientee #2A and Orientee #3A are ready to perform the institutional role?

As an ICU nurse? Yes. Not yet.

Why?

They have just started the specialty training. I mean if they were on a regular unit, but not here, not now. I feel sure they will or they would not have been accepted for the class.

Are there any special behaviors you see in Orientee #3A and Orientee #2A to signal readiness or lack of readiness?

I think their confidence with the patients and their manual skills. Can they do a procedure after instruction and demonstration. Or are they all thumbs, have no answers. That kind of thing.

Other than by asking, how do you know if the orientee is learning?

Watching them on the unit. Remember, this is not sitting in class everyday. We're taking care of a patient for 2-4 hours, also.

How sure are you at this point that Orientee #2A and Orientee #3A will be able to function as expected by the
administration?

Comfortably sure.

Why?

Because of what I see in them. That's basically it.

What I see in them.

How certain are you at this point that Orientee #2A and Orientee #3A have the potential to function in this institution?

I'm okay with their potential to function. I think they both have what it takes to succeed here.

Why is that?

Probably because it's their personal goal. They're mature and motivated.

How do you feel about the hospital's expectations of new employees?

I don't think it's unrealistic to expect people to perform at or above average. Which is safe nursing care to me.

Why?

The hospital expects competence, safety, courtesy from its nurses. That's obtainable to me. But that's just my perspective. If you are competent to finish nursing and pass boards, you should be able to nurse here. Of course, if you want to do more that is possible and encouraged, also, but not expected or demanded.
How do you feel about the orientation program at this point in time?

It is a good program.

Why?

There is flexibility here so we can meet different types of needs. There's variety in the instructional staff because of our interests, education, and backgrounds. We have good resource materials and administration, both nursing and the hospital, support and appreciate us. So, that's my view of the orientation program and the ICU course.

That's the end of this interview unless you have something to add.

No.

Thank you.

Now these are basically the same questions that we used for the second interview. So, the first question is to what extent do you feel Orientee #3A and Orientee #2A are ready to perform the institutional role, and that is the role of MICU?

With both of them completing the ICU course and spending a lot of time with those two particularly in
clinical area, I think for the most part that they are at a novice level. Because they are new graduates, it is a case of trying to still put together the clinical (what we expect from them), and what they had in school. Overall, I think both have grown a lot from day one of clinical that they are more attuned to what is expected of them in the ICU as far as having what I would call adequate ICU skills at this point. I think that they still have some ways to go. But as far as expectations of the head nurse as far as documentation, basic patient care, they are very good at that, and they picked those skills up very quickly and very easily. But they are involved right now in a preceptorship because they are new graduates, to help try to close that gap of not having practiced as an RN. It seems to be what all new graduates experience. So, I would say that basic nursing care in the ICU as far as the basic expectations of the ICU or unit and head nurse, I think they can fulfill those with no problems. But as far as being independent at this point, I don't feel they are ready for that, therefore, they have a two months.

The institution expects them to function independently?

No, not at this point. That is why we have established a preceptorship.
Who is the preceptor?

The head nurse.

Are there any special behaviors you see in Orientee #3A and Orientee #2A to signal readiness or lack of readiness?

Readiness in Orientee #3A, and I think this is a characteristic of his personality already, and from where he has come from; he is a little bit older, a little bit more mature. I think Orientee #3A has the confidence as well as the knowledge, and that is very evident when you talk to him or you see the care he gives. Orientee #2A, on the other hand, she has the knowledge, she is not always able to put it all together right away. I think a lot of that is lack of confidence, and that is what I see in her that she doesn't have confidence in herself, or it has grown since we have started. But she doesn't have the full confidence in what she is doing, but both of them do have what I consider one of the basic things that is seeking out of information, and seeking out assistance when they do run into problems. So, overall I say they are ready and they both show some signs that when needed they can ask for assistance, but by no means do I feel that they are completely ready.

Other than by asking questions, how do you know if the orientee is learning?
Through performance. Because with these two orientees, they went through the clinical care course and the clinical component with me, it is through my observation of their performance.

How sure are you at this point that Orientee #3A and Orientee #2A will be able to function as expected. I want you to project that they will be or they will not be, and then give me a percentage of feeling.

As far as gut feeling of both of these individuals, I think that they will be able to perform. Both are very motivated individuals, they want to learn, they are willing to listen, which is very important, and they are not coming in as new graduates with "I know it all." And it is a case that yes they are new graduates and they do have a very good basic foundation of knowledge base. But it is a case of us building on that. They do allow, or they do have the thing in their personality that allows for asking questions, asking for assistance. And I think percentage wise, I would see them as being permanent employees of VA. I could see that being at least 80 to 85 percent that there is a chance. As far as being good ICU nurses, I see that same percentage. I think that they are going to be if they stick with it, they are going to be excellent ICU nurses because they both do think. And
you don't always find people who think and always put
information together. Orientee #3A a little bit more
than Orientee #2A, but I think both have the ability to
put it all together and to be excellent ICU nurses.

How certain are you at this point that Orientee #2A and
Orientee #3A have the potential to function in this
hospital?

At this point right now, I am about 85 percent certain
that they will.

Why?

For the same reason that I listed before; that they are
motivated, they are both very bright, they are not shy
about saying I don't know or asking questions. And a
person like that I found in the past are individuals
who usually make it because they don't leave things to
chance per se. They don't just wander off into avenues
that they have no idea about. They at least seek out
assistance when they are unsure of themselves. Most of
all, these two kids are very very motivated. And I
think that is one of the basics for someone who is
coming right out of school going into an ICU unit.
Because even though you have a nice pathophysiology
background from the generic program; putting all that
together and developing judgement is something that
does not come overnight. And that was one of the
reasons that we always have preferred for GNT's to go
to med-surg so they would have a little bit more time
to develop some judgements of some basic skills. So,
these kids are having to learn high tech ICU plus they
are having to develop basic skills, but I think they
are all within their reach. I think that within 6
months to 8 months in the unit I would say that they
would be fairly independently functioning. I will not
at that point call them ICU nurses, because I think
that it takes at least a year to a year and a half
before all the information starts to gel together, and
the judgement along with the pathophysiology starts to
all make sense. But I think they will be functioning
independently within 6 to 8 months.

How about their orientation to the preceptorship that they
are in will be over in two months?

It will be over in approximately two months.

Okay. Now at that time, the hospital expects them to
function on their own. How do you feel about that
expectation, and what is the hospital's expectation for this
new employee (giving them a good course and a good
orientation), how do you feel about expecting them to be
fully functional in two months?

For a new graduate, it's a high expectation, and I am
not sure if that will be the case with them. We
usually take nurses on an individual basis. With the new graduate, the way their program is usually set up is that they have three and a half months more or less to get themselves together on a basic med-surg unit. Although Orientee #2A and Orientee #3A only have two more months, or a month and a half or so left on a preceptorship, we do know that there may be problems. Therefore, the preceptor, head nurse and myself, will be getting together to try to identify those and if there is a need for them to have more time. And when I speak of more time, we're talking about a time limit of no more that one more month to prepare them; then that is what we will do. But I think with the people (especially Orientee #3A and Orientee #2A) that if we have to extend a little bit longer, a couple of weeks or month longer, then I don't think it will be a problem.

So the expectation as far as the time limit to be fully functional is flexible?

It is flexible. Very much so. The graduate nurse program was not originally set up for people going into an ICU unit. Now, if they were LPN in the unit prior to getting their RN, it would have been different. But with tow new graduates right out of school who worked on and off as techs or gotten some practice in school,
we have to lower our expectations as far as time limits are concerned. And so we are trying to be a little bit more flexible with these two.

How do you feel about the orientation program at this point in time?

I feel that we have a good orientation program. One of the things that I've got to work on myself is to more or less try to define and develop a little bit more for new graduates. Because that is not the practice of our institution to allow them to go into the ICU unit.

With the graduate nurse program, I've got to expand on that program a little bit more when it comes to new graduates who are going directly out of school right into the ICU unit. We have been very flexible with Orientee #2A and Orientee #3A as far as time limits are concerned. But I think I need to have something in black and white that defines how much time we are going to identify for training within that unit. With experienced nurses going into the ICU who have had a basic background in med-surg nursing, we have an expectation that is met or unmet because of preparedness of students or unpreparedness of students.

But it is a case that with the GNT's I have got to revamp my culturism to address a little bit more of new graduates who are going into ICU. As I said, right now
the program is working okay because we only have two, and I can be very flexible. The head nurses who have the two GNT's or the two new RN's are very flexible too so that we are working with them.

That is the end of my scale. Is there anything that you want to add, any comments about Orientee #3A and Orientee #2A?

Just that it has been nice working with them. I've always been of the opinion that new graduates should never be put in ICU but because of "nursing shortages" in the area of ICU, our facility has (and this is the second time) has allowed new graduates to enter the ICU, and I am starting to see just like I have with some other things, that it is an individual thing.

It's a case that there are some people who are ready to venture out in that avenue and there are some who are not. We were lucky that we found these two individuals who came in, Orientee #2A and Orientee #3A were two very motivated, very mature individuals who had the readiness to learn and who were open to new learning experiences. So, it has been a very positive experience with these two graduate nurses. So it is making me re-think to a degree as to whether or not I would go along with old thought process of no GNT's or no new graduates in ICU. I still would prefer them to
have, I think overall, I still prefer them to have at
least six months on a med-surg unit just to acquire
some basic skills that they didn't get to practice out
there, and also to try to develop a little bit of
judgement in the role as an RN prior to going into the
ICU. Because when you go into that and once you're
released and expected to function independently, a lot
of those basic judgements that you picked up on
med-surg and practiced will be needed when you get to
ICU. Sometimes the nurse may be working with interns
and residents who don't know as much as she does and
she can't rely on them for guidance. She must be able
to depend on her abilities to make judgements and help
them (the residents) even. So it's a case that with
that background that you've got some judgement, and
that will help. But with the two that I have worked
with so far, they have come with some very good
preparedness and readiness, motivation, and they both
are pretty bright anyway. So, it has not been a bad
experience at all, it has been very positive for those
two.

Okay. Thank you.

You're welcomed.
How do you feel about the orientation program?

Basically I think I enjoyed all of the orientation program, and I don't think this any different than any other ones. It was unfortunate that one of the orientees had a problem with the car. Because I know how her mind is going to be more on the car than orientation. But I think basically we are going to accomplish the same thing either way. There is not too much earth-shaking stuff that takes place in orientation, and I don't really have high expectations. I think the biggest thing that we've accomplished is a little bit of socialization; trying to break them into the institution in a friendly way, lowering stress. Giving them time to feel their place in the sun is probably the most important thing we've accomplished.

Do you feel or have you had the experience wherein the people that you came through orientation with were like bonded to you and continue to come back to visit?

Occasionally, but not always. When I see them in the cafeteria, I know there is a little rapport going. In some that I've had for a long period of time there is more of a rapport. There is so much that takes place after they leave me in terms of their learning that
changes whatever they get over here. The unit orientation is probably far more important than this little week that they spend with me.

So if they felt they needed brushing-up in a certain skill or something, they would go to the supervisor rather than approach you?

I think so. Although some of them have come back and asked some questions whatever the case may be, but that would be typical of some of the newer nurses or some of the nurses who we've had re-enter nursing after a period of time. The nurses who are fairly secure in their nursing because they are going from one experience to another, and they are experienced nurses. I rarely see them after orientation, but it would be the RN applicants that sometimes come back asking questions and getting reference material. I had a couple of people that have been away from nursing for a long time and re-entered, and they are more dependent, and they need everything they can get from whatever resource. But the typical nurse who is experienced, no.

Before these people came in yesterday morning, did you know anything at all about them?

I have their names and that is it. I have the names and where they would be working and the fact that they
would be part-time.

So, it is not like you get any information to build into the orientation based on the needs of the students?

No. Now if they are an RN applicant, I would know that. If there is some outstanding characteristic about them, I would know that, but in general, no.

How do you feel about the hospital's expectations of new employees?

When you say hospital, it's not the hospital's expectations. I think a hospital is only the people working in the hospital. So, I think you're going to have differences in terms of whoever is going to supervise an employee and their expectations can make it or break it; so that you have a variety of expectations. It is certainly terrible it has on paper. You know, this is what we believe in, and this is what we expect you to do. But that can vary from person to person because of the supervisors; in other words people make the hospital, and not the building or written policy; I think it goes beyond that. I think they have some people that have very realistic expectations of what a new employee can do. And if the staffing permits in the particular area, I think they can move up to these expectations. Now staffing is
always the big part. There is never an overlap. In other words, you don't hire a new employee before you have a job vacant. So, realistically anytime a new employee comes in you're understaffed. And that changes the expectations. I mean the real world is out there, and you may have high expectations, and this is what you would like for this guy through orientation to do, and this is how you would like it to flow. But when you're short of staff, they have to go with the flow. Although I think some of the supervisors are very good in trying to assess the needs of the new employee and give such time as they need to develop.

Is there any difference in the length of orientation for your part-time people?

We use to have a difference in terms of my orientation. Because again, orientation doesn't stop with me. Last year we were doing orientations every week. One week was for the full-time people, and the following week was for the part-time and contract people. At that point in time, the part-time and contract people didn't have to go through the length of general hospital orientation. And I could abbreviate that which they cover down there, because they don't get benefits so they didn't need to sit in on benefit discussion and that type of thing. So, what I use to do is bring them
aboard at 7:00 and I'd do whatever is covered down there in general hospital orientation; so that I could cover the same thing but without the frosting on the cake. In other words, they got basically a two day orientation; even though they got all the same information and that makes a difference - not all the same information because they didn't take the computer class. And of course, most of them did come in CPR certified, so they didn't need that. But they would have everything else that we're going to cover this week up here other than the computer class. I had to do it in a little different way. It doesn't happen anymore. We decided that all I was doing is orientation and a couple of CPR classes. So, it was decided that it would be better to do orientation every other week and make sure that I had enough time to do all the CPR certification. So that is when we changed it. We decided to go ahead and that everybody should get everything. Mr. Hall, who is the head of the department is very computer-oriented. So, when he came aboard, he felt that even part-time people needed the computer class. So, with that, if you couldn't make any distinction in terms of who needed what, and if everyone needed the same thing; they went with the whole. It is causing a problem though because again,
if we have part-time people who have other jobs, they can't come in. So this is what we have to struggle with in terms of when to schedule the computer classes for some of these people.

And you still don't have someone in this group scheduled? Right. What I am going to do is to refer her to the computer teacher, and have her arrange her schedule with her.

Okay. Are there any special behaviors that you look for in your class to signal readiness or a lack of readiness? I've only had one experience with lack of readiness. So, everybody else I felt, has been appropriately ready to take on their new responsibilities, new jobs, if they are interested and motivated to learn whatever I have to teach.

What did you see in that person? Attentiveness primarily. Appropriate responses to whatever the learning task was, a little groan and moan with the pharmacology test, but no major problems. There was only one kid that caused a problem to me. Immaturity got in the way, and in the classroom/group setting that can be very destructive to the group. But other than that, had it been in a one to one, I don't think that would have been a problem. So most people I think coming aboard have been attentive, followed the
line, they have indicated what their particular needs are, and they have been able to discuss common issues and things like that as an adult; I mean obviously with concern. They didn't look like a bored group. I mean you look for all those little things to tell you whether or not you got somebody that you think is a good person. I mean, everybody that comes aboard will have their own little individual needs that you try to meet within the needs of the group. Because again, when you have a group of people, then it is hard to be as flexible as if you had a one to one. But within that group, you attempt to meet everybody's individual needs, and most people are fairly clear in terms of what those needs are. When they go from me to the floors, which is the better part of the orientation and the most important part of the orientation, then I don't know.

Have you received any feedback from supervisors or preceptors that people who have gotten through had problems? Occasionally. One person who had a serious problem over here, well, not a serious problem, but she was disruptive ... kind of giddy and this type of thing; come to find out she had made several medication errors, and eventually did not pass state board exam and she was an RN applicant. And so she was let go.
Was she able to pass the pharmacology test?

She passed the pharmacology test, but a problem showed up when we did the IV therapy. Now IV therapy which we do primarily is open book. If they are motivated, they can do it. But I think the immaturity factor in the girl was a problem, and she was also in the orientation group with another of her classmates which could have been the problem. Because, you know how students are when they get into school with their peers, they are a different animal than if they are out on the street as an adult. And I think having been in the orientation group with somebody she knew kept her from getting the best out of it that she could have possibly gotten. She came back by the way, upon recommendation of the supervisor to work with me a little bit more to remediate some of the difficulties that did show up on the IV therapy test, and she was a much different girl at the time. I mean, she was much more receptive; and eager to learn type of thing. But anyway, it showed up in her failing the state board, so she is not yet ready and a little immature.

So the hospital did let her go?

Well, the supervisor did because she didn't want to keep the position. I mean they had the girl functioning well, despite the fact of the state board
failure; they probably would have put her in the
position of a Nursing Assistant III, knowing that she
had potential. But the fact that she had an attitude
problem on the unit, as well as you know.

Now you picked up giddiness and immaturity. Do you ever
pick up negativism in orientees? And then when you pick up
these things in orientation, what is your transmission mode
to the supervisor?

I just talk to them. Objective scores I can just write
on a piece of paper. But if I just have a feeling, and
in a week, since it is just me mostly talking and
giving information, and not a lot of opportunity to get
a lot of hard feedback; I don't want to put into
writing my gut feelings, but I will, if I think it is
possible that there is a problem, I will talk to the
supervisor and say, "Look, I have some bad vibes going
over here, you might want to watch a little bit more."
Sometimes it has not been a problem at all. In fact,
most of the time even though I've had the bad vibes, it
hadn't turned out to be a problem in the clinical area
that I've heard about. Whether I hear about them all,
I don't know.

Other than by asking questions; you have alluded to this;
how do you know the orientee is grasping the material that
you are presenting?
I am looking for appropriateness of responses more than anything else. You know, their body language, their tone of voice, and the kinds of facial expression and things like that. And sometimes I know the learning will not be complete until they get into actual practice. There are some things that I have to do, not because I simply want to do them, but it is mandated either by JCHA or by the administration of the nursing department or whoever is in power at the time. For instance today, I am going to be showing the film-strip I made on video tape of the standards. I wanted to do that yesterday because we have no documentation standards and this stuff. The group that was responsible that has produced this whole video tape to use to orient them to the standards; has gone over like nothing. I have done it, it has been mandated, everybody sees it. The people in power think it's important for them to have it, but so far their reaction to that has been pretty awful; because this is a mandate of nursing, this I have to show. And I will try then after showing it, to do the best I can to make it come alive. It is just like the fire-safety stuff. So, I think the one thing you do as a teacher, as long as you sound enthusiastic yourself about your material; some of that enthusiasm will motivate. It's not always
easy to do week after week after week.

When they get to the floor next week, they will continue their orientation for how long?

The probationary period is three months. So, it is hoped that they will complete their orientation before three months. If they haven't, then it will be the supervisor's obligation really to do something about it. But in reality now, an experienced nurse probably may start actually practicing within a week.

Do they have a structured program like yours?

I don't know, and I can not say since we are decentralized.

INTERVIEW #2, INSTRUCTOR #1, HOSPITAL B: 2/17/89

We are condensing the second and third interview.

To what extent do you feel B------ is ready to perform in the institution?

Without a doubt she is ready now. She comes with experience and I think she has come with a very positive attitude in terms of nursing. She, in an individual conversation I've had with her, she, in terms of some of the experiences she has had in other hospital; is the reason why she is doing part-time
here. And I think it is a very good idea before she gets into one hospital setting, she is trying to find out what hospital that she can really fit in, and I think that is the most admirable thing to do, and with flex pools and things like that now days, people are able to do those kind of things. But I think she has a really beautiful attitude and I think a good high set of standards for herself. So, I don't think that she should have any problems at all. Now whether she fits in and will mesh with the institution, I don't know if her standards are higher than what we can deliver which may be room for some disappointment, you never know. I know she has high enough standards for the hospital, but I don't know what she is really expecting. She definitely will be able to meet our expectations.

What about Orientee #3B?

I think Orientee #3B is a darling girl. I think she's also that type of person who is interested in traveling, seeing the world, and very youth oriented. I mean, obviously she wants to play around and really wants to work. I do think that she does have a good knowledge base, and many of the things that she said gave me an idea that she is a good competent nurse. And I don't think play is going to interfere with nursing. I think she can handle both of them along the
line. I found good communications and a very positive attitude in her, too.

If a travel nurse were to have difficulty fitting in before their contract time is up?

The agency would be contacted. We have had one or two. I don't know if they were Travco nurses or contract nurses that the agency did have to be contacted and said thanks by no thanks. So we do evaluate, and they have to be able to meet our standards, and if they don't then we just notify their agency that they are not fitting in and to ask them not to come back.

Will they send somebody else?

Yes, if they have somebody available. From what I understand from one of the supervisors, she said we have been getting pretty good people from Travco, or that particular agency. We have a couple of people who couldn't keep up to our standards and we did have to stop using them.

What about Debra?

Debra? No problem at all. Nice girl, good attitude, good knowledge base. Right now her trip to the orient is uppermost in her mind, which I wouldn't blame her for. If I had a chance to go to Hong Kong and the Philippines on a shopping trip, I think that would be fabulous. But I think she is committed enough to do
what is expected of her.

Would you interpret her return as a staff nurse after working as an agency nurse as evidence of commitment or wanting to fit in?

Commitment on her part, sure, but then again she has had a chance to look us over. And had we fallen short as far as her standards and ideas were concerned, she would not have returned. She's young enough to still be idealistic, so I think her return was as much us as her. So we obviously met her standards and it's positive for her and us.

Okay, but based on her having been here before as well as returning for a lower salary, does that indicate commitment or anything special?

No, because they get benefits which evens out the pay difference. The schedule difference is another thing once you return as staff you meet our needs rather than as before. But I don't know what's happening, it might be reflecting what is happening in the larger community; like is the use of contract nurses not getting the preferred positions. I don't know. It could also mean people are tired of going pillar to post. I just don't know. Although within this institution, she has had to make many adjustments to many different units which shows a high degree of
flexibility and adaptability as far as I am concerned; to be able to go and still get good recommendations on multiple units.

You mentioned positive attitudes and good knowledge base. Are there any special behaviors other than those two things that you saw in the orientees to signal to you that they were ready to assume their role in this institution?

I thought the type of questions they asked I thought were pertinent, the type of comments that they made were appropriate, and their attentiveness. Those are the little things that let you know if a person is ready. In three days with me doing most of the talking, I mean there is not a lot of time for them to share experiences and whatever. So, anytime you're in a situation where you're doing most of the talking, you have to really depend on various slight nuances, plus what they demonstrate on the written test. But in terms of their ability to do the written test, fairly independent.

So, other than by asking and the things that you mentioned before the positive attitudes, what would you say was the one thing that helped you pick up from them that they were ready?

I think their social skills. They have good social skills. And since nursing is a social type of service,
I think people with good social skills will probably fair out well; with some intelligence and preparation behind them. And just judging by their performance on the test, they have the knowledge and the preparation, and so with the social skills I think they look good to me.

So, you would be comfortable in saying that you feel these people will fulfill the institutional role?

Given the continued orientation. Because what I do is only a small part of what I feel that an employee needs for an orientation. I think the biggest thing now is what happens to them when they leave me and go out on the unit, and how the interactions and the help and support that they get on the unit.

Okay, but you said that they have the social skills and they have a broad enough knowledge base so that they can ask questions that way to increase their survival on the unit. And you feel that all of them have the potential for functioning?

Right. Definitely.

How do you feel about the hospital's expectations of new employees to function in these roles after three months? Do you think that is realistic?

I think right now, particularly eight areas are experiencing a lot of stress related to what is
expected of them, whether we are talking about new employees or older employees. Many of the nurses are encountering many stressful situations. I am sure with new employees, they are going to be under more stress than the older employees that we have. So when we say it is unrealistic expectations that the hospital has, I don't know if you could blame it on the hospital, I think you just have to blame it on what is going on in the world. I mean, I think the hospital is trying to survive with their own stresses. And it is just the realities of life; that you have to deal with what comes your way. And nobody can predict whether that is going to be more than what the camel's back can stand at any given time. Like I said, it is hard to know. It is probably true that society expects more of the nurse than we can really deliver given the amount of money that we make, and the incentives that we have. Nursing can be a brutal job. But I just don't know if the public wants to pay anymore than they are presently paying so that nurses can afford to be attracted with higher salaries and better management; I don't know the answer to that, particularly in the south.

Well, tell me this. Going back to the hospital's expectations of new employees, is there a second chance or third chance if employees get into difficulty?
In a sense, yes. The second chance comes in if an employee is really not fulfilling a particular supervisor's expectations, she does have an option to request a transfer to another area within the hospital. And sometimes when there is not that mesh either of personalities of expectations, we have seen people transferring to other areas whether it is maybe due to developing interest, and that could be another reason. But I think, through the transfer, it does provide a vehicle for a second chance.

What about a re-training? Say the supervisor is dissatisfied at a certain skill (the way the nurse performs a certain skill), does the supervisor send this person back to you to be re-evaluated?

No. We would be the first one to be tapped to see if we have anything to offer her. This individual, in terms of re-training, and a couple of cases that we have thrown people back for work with dosage and solution calculations, blood transfusion techniques. There are a couple of nurses who are re-entry nurses working on a rehab unit who were referred to us to see if we had anything to offer them because they are sometimes pulled to one of the busy med-surgeon units. And of course, that is overwhelming to them. I frankly don't think that there is too much that we're going to
be able to offer that person in a day or two days that is going to make them a little bit more comfortable in a completely different area. I mean, I just don't know if I would feel comfortable if somebody was pulling me to a unit, and say take charge of ten or twelve patients. Even though I have a background for it, I mean like that is not my everyday job, so I would be under stress myself. I think the two people they have that are in this position are good people, but they are working in a slower paced area routinely. So, it is an unrealistic expectation to expect them to be able to pull the load of a nurse who is used to that type of pace.

But, this doesn't happen regularly, or does it happen regularly?

The need for pulling occasionally will happen more than I would like to think it is happening; but again, that is a situational thing. I can understand that the hospital has to have these expectations of a nurse. I mean, if they have patients not being cared for by anybody, somebody has to make the decision that we've got to find a body to take care of these people. So, pulling or floating or whatever you want to call it, I think it is going to be inevitable. And I don't think that the hospital is at fault for doing this. I think
it is just one of these trends of nursing that you see happening that you just don't know what the final solution will be other than getting contract nurses in. Is this ever covered in your introductions or in your orientation format?

Basically, the understanding that they will face being pulled to other areas is a reality. So therefore, in orientation, those things that they may not think pertains to them and their job, may indeed sometime down the line pertain to their job.

But is this covered?

I briefly usually address that. I don't know if I did or didn't do that with this group. I mean, it is just a short blurb earlier when I usually do the talking. But these people are med-surg people, so I don't feel committed to saying this; because some of the things we cover would be so geared to med-surg but like I usually tell them, I said you may think you work in a specialized area, but there may be some time when you are going to be pulled from OB or the nursery to go to another area. So, the fact that I am covering today, at least you will have some knowledge about it in this socialization process. Even though I think that no matter what we do here in this orientation, if floating takes place six months down the tube, I don't think
it's going to help. But I do it mainly in terms of letting them know the expectation as opposed to anything else, because I think when they come aboard, they sign a piece of paper that basically says that they can be asked to work in other areas. So it is not brand new to them if the call comes that they have to go somewhere else?

No.

How do you feel about the orientation program?

In terms of the part we play, I think it is about what it needs to be, and basically touch on some of the major problems that are going to affect them. I know it is not all a nurse needs, so I am very hopeful that a better part of orientation does take place on the unit; because without what happens on the unit in a fairly structured, fairly sociable realm, you know, we nurses become a part of that team. I mean, we can go with policies and procedures and that kind of stuff, but we don't make them a part of the team. And I think that teamwork is so vital to good functioning. So, it's really what happens on the unit, how they are, you know, even day one when they show up on the unit and, "Hi, I am here," what type of reaction the rest of the staff has and how helpful they are, and are they buddied up with the good role model. That type of
thing is going to be much more important than anything that we do down here. Although, what we do is basically meet JCHO's expectations for orientation. We have to make sure that those things mandated by JCHO is covered, and that is basically what we do here. Whether we personally think it is helpful, and it probably is helpful judging by all the evaluations that I get, I think largely indicates that we met that beginning need of an employee to have somebody say, "Welcome aboard, we are glad to have you," and give them a little time to get their feet wet and find out where to park, and these important things. I mean, how long does it take to come to Touro in the morning and what are they going to run into. I mean, I think they need that first week in a non-threatening way. Now, for nurses who come aboard with a lot of experience, that pace may be too slow for them. But people who may have any insecurities or just moving into town or anything like that, I think that they need a little non-threatening pace for just a few days.

And without a lot of responsibilities?

Without a lot of responsibilities. Now, I think once they leave me, I think now they need to really go to work. Because three days of sitting around or four days of sitting around is plenty enough time. They
need to get out there now and begin to take a patient load, and begin to fit all the pieces in together to try to find out what works and what doesn't work here in this hospital compared to the previous experiences that they have had.

Do the nurses on the floor, the head nurses, the charge nurses, the supervisor; do they ever ask for your assistance in constructing evaluations other than you orienting?

No, I haven't asked them. I haven't been asked, but then again, Patsy keep in mind, has been in this department for umpteen years, and she has worked with the nurses before. So, developing, for instance, a skill's checklist was done with them, and there has been communication with the nurses. I personally haven't had that much communication related to orientation. Basically, I inherited the package, and I had been putting my own little twist into that package. I mean, everybody has to do their own thing and make it come alive for them. So, I am sure it has part of my stamp on it, and each one of us is going to do it slightly differently.

The reason I asked the question was to find out if the evaluation was based on their newness to the institution.

Which evaluation are you talking about?

The one the supervisor does at the end of three months. Is
that just a regular employee evaluation?

Yes. It is based on their job description. In other work, have they reached at least a minimal level?, or are they at that point of meeting the behavior listed on the job description?; because that is basically what is evaluated.

The evaluation, too, that the head nurses use is based on job description?

That is where the expected performance is applied. So, if you are going to evaluate, I think evaluate the terms of the expected performance which basically is their job description.

Did they ever ask for assistance in assigning them or selecting a nurse to be a preceptor?

No, because it depends on who they have on the staff and on the shift that this particular nurse is going to work. Now, we have talked about this concept of preceptors, and I don't know if that has been fully defined for them, right now, because the goals for 1989, this is going to be new; a development of an advisory committee. We are going to have representatives on that committee (staff development, unit supervisors, and staff nurses), so it is going to be a nursing service plus education advisory committee, and in that committee will be opportunities to discuss
things like this. And one of the goals for that committee is to look at the preceptor process and maybe define it a little bit more explicitly and structure it a little more than it presently is. Again, we are changing in terms of administration, probably changing in terms of positions, but the positions on paper that I know about and I don't know whether it is going to continue or not. We have the clinical nurses and then the staff nurses, we have an administrative ladder and a clinical ladder, and it was the job of the clinical nurses to do staff and patient teaching. So that went with their role. They would be the preceptor for the new nurse or the mentor for the new nurse or whatever you would call that person that would be responsible for the orientation. I am not quite sure whether that has completely met the need since you can get a nurse in for any of the three shifts. I know that in some areas, the new nurse works days for most of the time where they can get a clinical nurse. I mean, you take a night nurse; a night nurse is a night nurse, is a night nurse. She don't want to work too long during the day. But if there is no particular preceptor at night, it is a problem for her. She might be asked to do four weeks of days if there are the people on board during the day. The ideal is that there is a preceptor
for every shift.

But not a possible schedule so that she could work on the shift?

Yes. So, I am not sure what they are doing on the unit, but I know that in this coming year there are plans to have more discussion on the topic of preceptors and maybe more definitive plans made for how this role is going to be defined and classified, and structured. Right now, we are just using the term, but I am not quite sure if there is such an animal called a preceptor.

Well. Thank you, very much.

You're very welcomed.

INTERVIEW #1, INSTRUCTOR #2, HOSPITAL B: 2/17/89

What is your basic nursing preparation and the year you graduated?

Diploma in 1974.

Have you studied further since your basic preparation?

B.S.N. in 1980.

And what preparation did you have for teaching this computer course?

I went to computer classes I had been sent to on this particular computer back in 1975.
And then a general aptitude for computers and basic liking for computers?

Sure. I also used this particular software for two and a half years before coming over here. So I had years of experience before I got in actually the technical experience.

And you're the primary person for teaching this computer package, which this hospital uses, to new employees?

I usually have a class like every other week. Rather on Friday, that is, when it is basically set up. Whenever there is room for a class. But, all we ever have is Fridays.

And it is eight hours?

Eight thirty to three. Many times we do finish before that, depending on how many people we have in the class and how well they adapt to it.

How do you feel about the orientation program you're involved in and why?

I think it is a good program. I like it being set up as an all day class. I really think that it is enough time for the students to actually come in and learn what is necessary, the basics. As I said earlier, they are not going to be experts when they leave here, and I don't expect them to be that way. Just like anything else, you don't expect them to be experts. But I think
it gives them enough time to actually work with the software and keep the basic flow of it, and how it works so that they could adapt it to their everyday use.

The two people who are in orientation; what did you know about them before they got here, today?

I got their name and where they are going to be working, and that is it. I don't know anything about them until they get here.

How do you feel about the hospital's expectation of new employees to be able to work on a computer after a day's orientation and then a day with the unit secretary?

I think it is a realistic expectation. I think it is a very user-friendly system, and you don't have to memorize any codes or anything special. There is not a lot of typing involved, so if they don't know typing, okay. I think it is a very easy system to use after one day working with the computer. And also, if they could work with the secretary so that they could pick up some extra pointers here and there, or things they may have forgotten along the way. The more they use it the easier it gets for them.

Are there any special behaviors that you look for in the class members to signal a readiness to actually go on the unit and use these computers?
I think by just observing them as we're going through the class, you can pick up a lot of times who is going to be a slow person and other people who are more easily adaptable to the computer. Just because they have computer experience in the past doesn't mean that they can adapt as easily to this software package as to what they have been using in the past. So, you really don't have to have any kind of real computer basic knowledge background. Although sometimes it does help just because you don't feel so intimidated by the computer. Some people who have never worked with a computer do feel intimidated by it. So, it is just getting over the initial hump of you're not going to do anything to destroy the whole hospital record. Anything you do wrong, you can always correct it. And if you have worked with computers, you might have this kind of basic in the back of your head remember this.

But, I think, in just observing them and how well they follow directions also, you notice a lot of people going ahead. They think they can anticipate what you're going to talk about, so they are three screens ahead, but they haven't picked up what you were trying to express on this particular screen. So, sometimes you have to watch for that. But overall though, at the end of the day when I give them the list of 10
different orders to put in, and these are just very common and generic type of orders; if they can put those orders in without much difficulty, then I really think they're pretty good and can go out on the unit. Also during the class time; how many questions do they ask, if they want to just sit there, and they just follow along with every word you say; or are they asking questions? I love people who ask a lot of questions.

What about the type questions? The questions we got today were a lot of "what if," and "why" type of questions.

I don't mind that because a lot of things are things that they can relate to; experiences that they have had. For instance, one of the students was going to be working in ICU, so she was asking questions that were related to ICU; things that she could think of off the top of her head; things that are useful to her. That's okay.

So, you said that you ask questions and observe behaviors in order to make a decision about whether they are progressing well?

And then they have to actually perform. Of course, I am around to answer questions, but primarily I like them to get down to working on it to see how they get it. They will have resource people on the unit, too.
It's not like they are going to be thrown into it and they will be ultimately responsible; there will always be somebody around that they can ask questions of.

How sure are you, at this point, that the two orientees (and I have them numbered orientees one and three in my study, I am not using names) will be able to function?

I am sure that they both will be able to function, very well.

They had no difficulties that you could pick up on, and the quality of questions they asked indicated that they were grasping the material?

Correct.

How do you feel about this program?

I think this is a good program. I think it is set up good to learn the computer before you go to the nursing unit, because a lot of times, if they cannot come to the orientation computer class the week of orientation, when they get out on the unit; people are expecting them to put orders into the computer, thinking they have already had computer experience, and really they get very frustrated that they can't. They want to do it and they try to observe other people and they might even pick up bad habits or even totally false information. So I think the way it falls in the orientation schedule, I think it is really good. And I
get them right before they go on the nursing units, and so it is pretty fast by the time they go back to the nursing units.

And this system is used everywhere in all the patient care units?

Correct.

As you expand the system, how do you re-train the people or how do you bring them up-to-date on the changes? I heard you mention that we are getting ready to change that.

Little changes, as far as for screen changes and a way to order particular items. We send a memo out over the printer to explain that. If I know ahead of time that something is going to be a major change, we try to stress it at the head nurses' meeting so that it could be disseminated to the nursing staff that this will be coming about. For instance, the last big change we did, I guess, is when we changed the method of isolation, instead of category specific to a body substance isolation. In fact, a major change included on all the screens to enter orders, and that was announced at head nurses' meetings, fliers and pamphlets were sent out a number of times saying on this day we're going to change this to get them oriented to that. As well, I have a computer clinic-pac committee that meets once a month, and there
that is being discussed several times, too. So, it is usually disseminated ahead of time, if it is possible. Other changes, if it is just a minor change, it is not going to make much of a difference, I'll just disseminate it over the printer.

Okay. Well. I thank you very much for your assistance.
APPENDIX E

Observation Guides

Observation Guide for Instructional Sessions - Hospital A
Observation Guide for Orientation Documents - Hospital A
Philosophy - Hospital A
Observation Guide for Instructional Sessions - Hospital B
Observation Guide for Orientation Documents - Hospital B
Philosophy - Hospital B
Observation Guide for Instructional Sessions
of the Orientation Program

Hospital A.

Day One

What is the general make-up of the class.

3 nurses - 1 returning from a 30-day voluntary separation from the agency and 2 new graduate nurses.

Are furniture, lighting, and room temperature conducive to learning?

The room was a very large room separated into two rooms by folding partitions approximately 40 ft. x 40 ft. There were storage cabinets and shelves on one wall. Reference materials were stored here and were available to the class. Two long conference-type tables were in the center of the room surrounded by swivel chairs. A small chalkboard was on the front wall. The room also had a face bowl and water fountain. The room was air conditioned and lighted with fluorescent lights. The windows faced the Louisiana Superdome and a portion of the city's skyline.

Are reference materials available to the orientee during and after class?

Yes.

How does the teacher interact with the orientees?
The teacher talked with the students, clarified names and used first names from then on. She appeared to be friendly and helpful.

To what extent do the orientees interact with each other?

The two new graduates were classmates and friends. They carpooled together. Their interaction with the other orientees was limited and superficial.

To what extent do interactions appear to be conducive to learning?

The two new graduates were supportive of each other.

Are audio-visual aids used to extend and enhance the information presented?

Audio-visual aids were used to introduce the concept of a national nursing service system in the hospital system, the vastness of the system, and a historical overview.

How much material is the orientee given in a two to four hour time period?

Film presentation and discussion, orientation packet, and schedule for orientation and discussion.

What kind of feedback is solicited?

The feedback solicited was for an indication of understanding the history of the system. Questions were also to see if the group had seen the present
chief nurse of the system. Distinctions were made of the different types of facilities in the system.

What kind of feedback was obtained?

Feedback was positive and indicated understanding.

What comments are made by the orientees at the end of the presentation?

No comments were made during the presentation. Comments after were responses to the instructor’s questions.

What informal comments are made by orientees before, during, or after orientation periods?

Informal comments were not related to the presentation. One orientee is angry about changes in recruitment promises.

Day Two - A.M. session - Cardio-Pulmonary Resuscitation (C.P.R.)

What is the general make-up of the class?

Sixteen employees from nursing service plus 3 orientees.

Are furniture, lighting, and room temperature conducive to learning?

Same room as yesterday. Partitions opened.

Are reference materials available to the orientee during and after class?
Yes.

How does the teacher interact with orientees?

The teacher lectured and answered questions. The orientees had no questions. During demonstration and return, the instruction was one on one.

To what extent do orientees interact with each other?

Limited interaction during lecture and film presentation.

To what extent do interactions appear to be conducive to learning?

Possibly supportive.

Are audio-visual aids used to extend and enhance the information presented?

Yes. Film on C.P.R.; instructor discussed changes;
mannequins used for demonstrations; handouts of explanation of procedure; instructor's C.P.R. manual, and written examination

How much material is the orientee given in a two to four hour time period?

Film presentation followed by discussion; practice on mannequins, and return demonstration for evaluation of proficiency.

What kind of feedback is solicited?

Clarification of changes in procedure, five
mannequins are set up for practice of C.P.R. procedure.
Instructors observe and correct improper technique.

What kind of feedback is obtained?
An accurate return demonstration of the C.P.R.
procedure.

What questions are asked during or at the end of the
presentation?
Orientees asked questions about the correctness of
their performance. After the test they attempted to
validate certain answers with each other. All
orientees talked with other employees as well as with
each other.

What comments were made by the orientees during the
presentation?
Orientees watched film. Had no questions.

What comments were made by the orientees at the end of the
presentation?
Orientees talked about physical fatigue, bad taste
in the mouth from mannequins, and length of the test.

What informal comments are made by the orientees before,
during, or after orientation period.
Comments about where to go for lunch. Calls to be
made.

Day Two - P.M. session - Emergency Code class
What is the general make-up of the class?

Same as A.M. session.

Are furniture, lighting, and room temperature conducive to learning?

Same room. Mannequins had been stored.

Are reference materials available to the orientees during and after class?

Yes.

How does the teacher interact with orientees?

The teacher lectured on Emergency Code policy.

Asked to be stopped if there were questions.

To what extent do orientees interact with each other?

Orientees did not talk during lecture.

To what extent do interactions appear to be conducive to learning?

Did not occur.

Are audio-visual aids used to extend and enhance the information presented?

Visual aids were the emergency code cart, contents of the cart and policy manual.

How much material is the orientee given in a two to four hour time period?

Presentation was length. Instructor introduced the policy then talked through the contents of each of the five drawers.
What kind of feedback is solicited?

Questions to class regarding understanding.

What kind of feedback is obtained?

Questions were in regard to the reference sources, types and amounts of medications to be given and when to anticipate use of the medication.

What questions are asked during or at the end of the session?

Questions mostly about medications.

What comments are made by the orientees during the presentation?

Comments during and at the end were about recent changes in emergency code drugs?

What informal comments are made by the orientees before, during, or after orientation periods?

None heard.

Day Three - all sessions - Mandatory Review

What is the general make-up of the class?

Eighteen nursing service employees and the orientees.

Are furniture, lighting, and room temperature conducive to learning?

Same room was used.

Are reference materials available to the orientees during
and after class periods.

Policy statements were given as handouts.

How does the teacher interact with the orientees?

Each presentation lasted 30-45 minutes.

Department representatives from the hospital lectured on how their department interacted with nursing to provide service to the patient. Department telephone numbers were given for later use if needed.

To what extent do the orientees interact with each other?

Whispered together during some presentations.

To what extent do interactions appear to be conducive to learning?

Unknown.

Are audio-visual aids used to extend and enhance information presented?

Handouts used. Policy numbers were given for the policy manual. Forms peculiar to the department were distributed also.

How much material is given in a two to four hour time period?

Four department presentations in the morning and five department presentations in the afternoon.

What kind of feedback is solicited?

Questions regarding understanding of materials presented.
What kind of feedback is obtained?

Stated they understood, had no questions.

What questions are asked during or at the end of a session?

None.

What comments are made by the orientees during the presentation?

None - all looked bored.

What comments are made by the orientees at the end of the presentation?

Comments on the length of the presentation, read to each other from handouts.

What informal comments are made by orientees before, during, or after orientation period?

Comments on being tired and amount of information given.

Day Four - All sessions

What is the general make-up of the class?

Three orientees.

Are furniture, lighting, and room temperature conducive to learning?

Same room.

Are reference materials available to the orientees during and after class?

Yes.
How does the teacher interact with the orientees?

The instructor began the day by administering the pharmacology test. She waited while the orientees read the directions, then asked for questions. No questions were posed. Informal discussions for remainder of the day.

To what extent do orientees interact with each other?

Not at all during test. Talked with each other and instructor during afternoon session.

To what extent do interactions appear to be conducive to learning?

After testing, interactions were supportive.

Are audio-visual aids used to extend and enhance the information presented?

Pharmacology test discussed after orientees took it, film strips, orientation handbook, tour of the facility.

How much material is the orientee given in a two to four hour time period?

The following material was covered: two film strips on the hospital's service approximately 15 minutes each, discussion followed each. Goals, objectives, Mission statement and Philosophy of Nursing Service, education programs available, organizational structure, schedules, leaves, and holidays.
The class stopped for lunch.

Schematic drawing of the organization.

Discussion of services.

Walking tour and introduction to personnel.

What kind of feedback is solicited?

Instructor stopped periodically to ask, "Any Questions?" "Is this okay with you?" "If you have a concern, please share it."

What kind of feedback is obtained?

Orientees' responses were generally accepting and indicated willingness to accept material presented.

What questions are asked during or at the end of a session?

Questions were of a clarifying nature. "Does that mean..." "I always thought..."

What comments are made by the orientees during the presentation?

On the tour, orientees commented on changes since their student days.

What comments are made by the orientees at the end of the presentation?

Comments were positive. Both liked the information on educational programs and enjoyed the tour.

What informal comments are made by the orientees before, during, or after orientation periods?
"People are very friendly here, it feels good to be accepted." In one area, an orientee was remembered from her student days. She was very pleased.

Day Five

What is the general make-up of the class?

Two orientees.

Are furniture, lighting, and room temperature conducive to learning?

Same room.

Are reference materials available to the orientees during and after class?

Yes.

How does the teacher interact with the orientees?

After giving each orientee a skills checklist to complete, the instructor met with each orientee individually to discuss their needs.

To what extent do the orientees interact with each other?

While completing the checklist, they discussed the items on the list. They helped each other remember procedures they had performed.

To what extent do interactions appear to be conducive to learning?

The interactions appeared conducive.

Are audio-visual aids used to extend and enhance information presented?
Skills checklist used.

How much material is the orientee given in a two to four hour session?

Information was solicited from orientees. No new information was presented today.

What kind of feedback is solicited?

Information about skills the orientees were proficient in and skills the orientees need help with.

What kind of feedback is obtained?

The orientees filled out the checklist and discussed them with the instructor.

What questions are asked during or at the end of a session?

An actual class was not conducted this day.

What comments are made during the presentation?

No presentations made today.

What informal comments are made by the orientees before, during, or after orientation periods?

Excited about going to the Intensive Care Unit for remainder of the day.

Day Six - Patient Services

What is the general make-up of the class?

Two orientees.

Are furniture, lighting, and room temperature conducive to learning?
Same room.

Are reference materials available to the orientees during and after class periods?

Yes.

How does the teacher interact with orientees?

Today's presentations included introductions and information from other departments:

Administrative Services, Chaplain Services, Social Service, Female Veteran's Service, Oncology, and Supply, Processing, and Distribution (S.P.D.)

To what extent do the orientees interact with each other?

Each took notes, looked on each other's notes periodically, and compared.

To what extent do interactions appear to be conducive to learning?

Appeared supportive and cooperative.

Are audio-visual aids used to extend and enhance the information presented?

Each speaker provided handouts; some gave out department forms and phone numbers.

How much material is the orientee given in a two to four hour time period?

Presentations listed about lasted 30 minutes to 1 hour. After lunch, the instructor discussed Incident Reports.
What feedback is solicited?

Presenters asked if orientees understood and asked to be stopped if necessary. Presenters were informal, used first names.

What feedback is obtained?

Feedback was in the form of return demonstrations for S.P.D.

What questions are asked during or at the end of a session?

Questions asked were of a clarifying nature:

When you said _____, did you mean...?

Questions about the number of female veterans that come to this hospital.

What comments are made by the orientees during the presentation?

Comments after the Oncology nursing session were questions to themselves about their ability to function with terminally ill patients.

What informal comments are made by orientees before, during, or after orientation?

Comments about being tired, discussed I.C.U.

Day Seven

What is the general make-up of the class?

Two orientees.

Are furniture, lighting, and room temperature conducive to
learning?
Yes. Same room.

Are reference materials available to the orientee during and after class?
Yes.

How does the teacher interact with the orientees?
Instructor lectured and demonstrated use of nursing care plans, helped orientees with construction of care plan for hypothetical patient, assisted them with classifying patients according to guidelines.

To what extent do orientees interact with each other.
Read directions aloud to each other, clarified information, and shared information.

To what extent do interactions appear to be conducive to learning?
Interactions appeared supportive and conducive.

Are audio-visual aids used to extend and enhance the information presented?
Instructor used standard manual, care plan forms, progress notes, policy manual, patient classification system, and work sheets for classifying patients, morgue pack, chalkboard was used by Psychiatric nurse supervisor - also used policy manual and DSM-III.

How much material is the orientee given in a two to four hour time period?
Topics covered were: nursing process, patient classification, post mortem care, tour of the morgue

What kind of feedback is solicited?

Psychiatric nurse wanted to know: "What do you know about Chemically Dependent patients?" "What do you know about Post-Traumatic Stress patients?" "Are you familiar with Bi-Polar Disorder?"

What kind of feedback is obtained?

Orientees responded to questions with their student experiences on Psychiatric Services.

What comments are made by the orientees during the presentation?

Answered questions posed by Psychiatric nurse, commented on the number of factors involved in classifying a patient.

What comments are made by the orientee at the end of the presentation?

Expressed satisfaction with the work they had done on care plans and patient classification.

What informal comments are made by orientees before, during, or after orientation periods?

Expressed concerning Post-Traumatic Stress Syndrome. Tried to apply it to nursing school.
Day Eight

This day was designated as clinical day. Orientees were assigned to their unit with the I.C.U. Supervisor. The supervisor assigned each student to a nurse to follow. Routine nursing duties were performed. Orientees asked questions about the patients, read care plans, and handled equipment.

Day Nine

One orientee was absent. Scheduled program was postponed.

Day Ten

What is the general make-up of the class?

Two orientees.

Are furniture, lighting, and room temperature conducive to learning?

Same room.

Are reference materials available to the orientees during and after class?

Yes.

How does the teacher interact with the orientees?

Instructor introduced orientees to associate nursing directors for nights and evenings.

The nurse for Quality Assurance presented
information on Quality Assurance and risk management.
The nurse in charge of discharge planning also presented information to the orientees.

Instructor for Computer class demonstrated computer use and answered questions.

To what extent do the orientees interact with each other?

Talked about the upcoming critical care course; helped each other in computer class.

To what extent do interactions appear to be conducive to learning?

Interaction appears conducive to learning.

Are audio-visual aids used to extend and enhance the information presented?

Handouts used by Quality Assurance nurse and forms for discharge planning.

Computers used in computer class.

How much material is the orientee given in a two to four hour time period?

Computer class lasted approximately three hours.

Morning sessions included Quality Assurance/Risk Management, Discharge Planning, and introductions to nurse administrators.

What kind of feedback is solicited?

Questions related to understanding the presentations.
What kind of feedback is obtained?

Responses were those of understanding.

What comments are made by the orientees during the presentation?

During computer course, comments were related to the activity.

What comments are made by the orientees at the end of the presentation?

Expressed pleasure with their progress and that orientation was over.

What informal questions are asked during or at the end of a session?

None.

Observation guide for orientation documents. Hospital A

What is the philosophy of the organization?

Nursing Service Philosophy.

Nursing Service supports and advocates the mission statements of VACO Nursing Service. To operationalize these missions, we believe that Nursing Service has the responsibility for providing humanistic nursing care to veterans based on the art and research-based science of nursing. We believe that expanded health care includes the promotion, restoration, and maintenance of health. A patient's level of health is influenced by how he defines his health within the context of his environment, how he perceives his right to attain optimal health, and how he interacts with the health care delivery systems. We believe that our client system has the right to know and to make decisions about the quality of life that is possible for his maximum potential. The goal of professional nursing is to
assist clients to maintain or regain health, to learn to live with disabilities, or to die with dignity and comfort.

We believe that professional nurses have the competencies to deal with the clients' holistic health care needs. Professional nursing competencies are the synthesis of interrelated concepts derived from the humanities, natural and behavioral sciences, and nursing research. As a cognitive and interactive process, professional nursing is a series of systematic goal directed actions, whereby a client's needs are assessed and a plan to meet these needs is developed, implemented, and evaluated. Integral to the process is ongoing and mutual goal-setting with the client.

We believe that professional nursing includes both independent and collaborative functioning within the interdisciplinary health care team in a variety of health care settings. Effective delivery of professional nursing care requires this collaborative efforts as well as assumption of personal and professional responsibility and accountability to clients.

We believe that professional nurses have a responsibility for maintaining and advancing their personal and professional growth and development, and that they have a role in improving the status of professional nursing. Thus, Nursing Service administration supports continued personal, professional, and career development of staff through educational programs, counseling, or collegial relationships with educational institutions that offer programs designed to meet individual and group learning needs.

Where is it stated?

Orientation handbook.

What are the components of the instructional materials?

Orientation handbook
Handouts from speakers
Self-learning modules
Hospital forms
Written tests
C.P.R. models
Computer terminals
Films
Emergency carts

To what extent is the philosophy of the organization obvious and consistent throughout the program materials?

Statements of the philosophy nursing care plan - to recognize changing needs of patient and assist patient gain service; introduce nurse to availabilities in system to keep patient; and provide interdisciplinary orientation to facilitate this philosophical statement. Educational plan to foster nurse's desire to grow professionally.

To what extent is the program design consistent with adult learning theory?

Observation Guide for Instructional Sessions of the Orientation Program

Hospital B.

Day One

What is the general make-up of the class?

Seven new employees in hospital orientation.

Three of the seven employees were nurses.

Are furniture, light, and room temperature conducive to learning?

Three large classrooms and one large unenclosed
area. Two classrooms had window walls and views of the city. The rooms were furnished with conference style tables and chairs, open bookcases, bulletin boards, and stacks of various handouts. One room was set up for Intravenous (I.V.) Therapy classes with infusion pumps, models, and I.V. equipment. One classroom was set-up with student desks, a video cassette recorder, television monitor, a wall-mounted screen, bookcases, and A/V materials storage space. The large open area was used primarily for C.P.R. training and emergency equipment training and storage. The whole area was well lighted and air conditioned.

Are reference materials available to the orientee during and after class?
Yes.

How does the teacher interact with the orientees?
Instructor in general session was humorous and very informal. She put the group at ease.
Instructor in nursing sessions was energetic, enthusiastic, and friendly.

To what extent do the orientees interact with each other.
The three nurses talked to each other and exchanged personal information briefly.

To what extent do interactions appear to be conducive to learning?
Interactions seemed to relax the orientees.

Are audio-visual aids used to extend and enhance the information presented?

Orientation packets with policies, procedures, philosophy, objectives, information sheets, orientation schedule, skills assessment form, and job description. How much material is the orientee given in a two to four hour period.

All of the material in the orientation packet was discussed. Before lunch, organizational structures, orientation schedule, job descriptions, and philosophy were discussed. After lunch, skills checklist were completed and reviewed, information sheets completed, objectives of nursing service, and policies regarding duty schedules.

What kind of feedback is solicited?

Feedback solicited was to determine understanding.

What kind of feedback is obtained?

Orientees indicated understanding.

What questions are asked during or at the end of a session?

Orientees asked very few questions. Questions were of a clarifying nature.

What comments are made by the orientee during the presentation?

The orientees expressed surprise at some of the
stories about the hospital, and the length of time the instructor had been an employee of the hospital.

What comments are made by the orientees at the end of the presentation?

Same as above.

What informal comments are made by the orientees before during, or after orientation period.

One orientee had her car towed for being illegally parked. The orientees and instructors talked about this. Another orientee had a schedule problem.

Day Two

What is the general make-up of the class?

The three orientees, during one film presentation; three other nursing service employees joined them.

Are furniture, lighting, and room temperature conducive to learning?

The room was set-up for I.V. Therapy.

Are reference materials available to the orientee during and after class periods?

Yes.

How does the teacher interact with the orientee?

Reviews test and gives answers; worked a problem on the board that one of the orientees had trouble with; pointed out keep points of film presentations.
To what extent do the orientees interact with each other?

Very polite but not really friendly.

To what extent do interactions appear to be conducive to learning?

Interactions are very limited and superficial.

They do not appear to foster learning.

Are audio-visual aids used to extend and enhance the information presented?

Film presentation on patient care standards;
program notes and film presentation on infection control.

How much material is the orientee given in a two to four hour time period?

Testing and review of test occurred in the first hour. Film presentations and discussions occurred in two and a half hours. There was a short break between films. After lunch, the instructor completed discussion of the forms and handouts in the orientation packet.

What kind of feedback is solicited?

Instructor discussed the film, asked questions to see if orientees understood.

What kind of feedback is obtained?

Orientees indicated understanding demonstration of equipment.

What questions are asked during or at the end of a session?
One orientee asked for film to be stopped; others asked for assistance with the forms.

What comments are made by the orientee during the presentation?

One orientee had difficulty following the film's instruction. Expressed dissatisfaction with films.

What comments are made by the orientee at the end of the presentation?

All orientees were trying to understand and did not like the video. One stated that standards of care are too important to be presented by a film.

What informal comments are made by orientees before, during, or after orientation periods?

Not related to orientation. Comments about housing and landmarks in the city.

Day Three

What is the general make-up of the class?

The three orientees.

Are furniture, lighting, and room temperature conducive to learning?

Yes.

Are reference materials available to the orientee during and after class periods?

Yes.
How does the teacher interact with the orientee?

This was an un-supervised self-study for I.V. Therapy explained film presentation. Demonstrated emergency code cart.

To what extent do the orientees interact with each other?

Orientees are talking to each other more. Passed equipment; made comments about differences in equipment they were accustomed to.

To what extent do interactions appear to be conducive to learning?

Interactions are friendlier today and seem to be conducive to learning.

Are audio-visual aids used to extend and enhance the information presented?

Yes. Film presentation on Fall blood filter. Emergency code cart, I.V. equipment

How much material is the orientee given in a two to four hour time period?

I.V. Therapy, Introduction to nursing administrators, Changes in policy of the hospital, and Emergency code cart demonstration

What kind of feedback is solicited?

Questions were, "Any questions?" "Can I move on?"

"Are you with me?"

What kind of feedback is obtained?
Orientees indicated understanding.

What questions are asked during or at the end of a session?

Asked few questions.

What comments are made by the orientee during the presentation?

Comments were about differences in presentations and past experiences.

What comments are made by the orientee at the end of the presentation?

Expressed satisfaction with their progress and the end of the day. One orientee is looking forward to computer class.

What informal comments are made by orientees before, during, or after orientation periods?

Comments on plans for work schedules, sightseeing.

More comments about getting settled in a new place.

Day Four

Day four was designated C.P.R. certification day.

All orientees held current C.P.R. certification so they were excused from the morning session. The afternoon session was to be a Fire and Safety presentation and test. The orientees were given the option of completing this as a self-study and test or classroom presentation. The orientees selected self-study and
test. They reported at 2:00 p.m., took the test, and left.

Day Five

What is the general make-up of the class?

Two orientées and one other hospital employee.

Are furniture, lighting, and room temperature conducive to learning?

The computer class took place in the old nursing school dorm. It had been converted to offices. In the lab were tables set up with two computers per table. One computer on each table was the kind used by nursing. The room was air conditioned, comfortable chairs, diffused lighting, and carpeted.

Are reference materials available to the orientee during and after class periods?

Yes.

How does the teacher interact with the orientee?

Instructor walked around the class, addressed orientées by their first name. When assisting the orientee, she made physical contact; moving hands to correct key on keyboard; patting shoulders for encouragement.

To what extent do the orientees interact with each other?

Orientees spoke when they arrived and inquired how
each had spent the previous afternoon.

To what extent do interactions appear to be conducive to learning?

Interactions appear friendly and conducive.

Are audio-visual aids used to extend and enhance the information presented?

None used. Instructor acted as information manual. Orientees used computer.

How much material is the orientee given in a two to four hour time period?

The entire program for ordering supplies, medications, and laboratory tests and practice.

What kind of feedback is solicited?

the instructor asked, "Do you understand?" "No questions?"

What kind of feedback is obtained?

Orientees responded to questions, when asked.

What questions are asked during or at the end of a session?

Questions were about mistakes orientees were making. "Why do certain screens contain ...?" "How are orders accepted by other departments?" "Do the unit secretaries know ...?"

What comments are made by the orientee during the presentation?

One orientee was very pleased with herself and
expressed this. The other orientee compared the computer program to one she was familiar with.

What comments are made by the orientee at the end of the presentation?

Questions about the limits of the system. What could they not do. What if they made a mistake.

What informal comments are made by the orientees at the beginning, during, or after the presentation?

Not related to the day's class.

Observation guide for orientation documents. Hospital B

What is the philosophy of the organization?

The Philosophy.

The Department of Nursing of Touro Infirmary is the professional service unit of the hospital. The department believes that it must strive to integrate its service, teaching and research obligations, and aspirations into nursing care that meets each patient's nursing needs.

Nursing care is an integral part of the plan for health, based on the individualized relationship of the nurse with the patient. This relationship encompasses an awareness and interpretation of the needs and desires of those seeking assistance with their health.

Nursing is an art that draws its foundation from knowledge of the humanities, scientific principles of health and disease, and problem-solving skills to help the patient progress to his maximum degree of self-sufficiency or to a peaceful death. The scope of nursing provides a service to society and has an obligation to respond to the needs of this community.

The Department of Nursing strives to create an
atmosphere that promotes a participator relationship that provides each member of its staff with the opportunity for development and expression of existing abilities and innate potentials. Every individual is responsible for actively responding to this environment.

The Department of Nursing is committed to working in collaboration with educational programs. The department creates and supports an educational environment that provides students with guided learning experiences. Staff members are encouraged to pursue advanced educational preparation.

The Department of Nursing strives to foster an environment conducive to nursing research. The department will attempt to be sensitive to problems in nursing practice, have an awareness of the need for study, and demonstrate the ability to interpret findings and make adjustments accordingly.

Where is it stated?

Orientation packet.

What are the components of the instructional materials?

Printed:

Handouts
Manuals
Hospital forms
Orientation checklist
Schedule
Skills checklist
Policies and procedures

Non-printed:

T.V. monitors
Film strips
Slide presentation
Computers
Emergency cart
Products for demonstration
I.V. therapy equipment

To what extent is the philosophy of the organization obvious and consistent throughout the program materials?

Areas in philosophy such as nursing process; standards of care were demonstrated in orientation presentations; self assessment of skills to help staff develop their potential.

To what extent is the program design consistent with adult learning theory?

Allowed options for self-stud; explanation of how time to be spent.

What methods and plans are used for remediation?

Orientee may return based on self-assessed need or by supervisor-based deficiencies found on evaluation and through observation.

What qualifications are required for instructors in the orientation program?

Registered nurse; valid Louisiana license; teaching experience; and B.S.N. preferred, not mandatory.

What are the instructor's qualifications for teaching?

Both instructors meet minimum standards.
APPENDIX F

Communications with Hospitals

Communications with Hospital A

Human Subjects Exemption

Participant Letter - Hospital A

Communications with Hospital B

Participant Letter - Hospital B
Robert Burch, M.D.
Chairman,
Research & Development Committee
V.A. Medical Center
1601 Perdido Street
New Orleans, LA 70112

Dear Dr. Burch:

Enclosed please find required documentation for my proposed research study at V.A. Medical Center.

Thank you very much for the assistance you have given me thus far. If there are further questions, you may reach me at 524-0441 (work) or 945-5901 (home).

Sincerely,

Myrna H. Cassimere
Dear [Name],

Welcome to the Veterans Administration. You will be assigned to our facility as [Position] from [Start Date] through [End Date] under authority of 38 U.S.C., 4114(a)(1)(A). During your period of affiliation with our facility, you are authorized to perform services as directed by the Chief.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Department of Medicine and Surgery, such as leave, retirement, etc. You will, however, be eligible to receive the benefits indicated below. Cash cannot be paid in lieu of any of these benefits.

- [ ] Quarters  [ ] Subsistence  [ ] Uniforms  [ ] Laundering of Uniforms

If you agree to these conditions, please sign the statement below and return the letter in the enclosed postage-free envelope. This agreement may be terminated at any time by either party by written notice of such intent.

Please indicate your veteran status by circling the appropriate number below.

Sincerely yours,

Chief, Personnel Service

Enclosure

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<table>
<thead>
<tr>
<th>Veteran Status</th>
<th>Signature</th>
<th>Date</th>
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<tr>
<td>1—Vietnam Veteran *</td>
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<td></td>
</tr>
<tr>
<td>2—Other Veteran</td>
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<td></td>
</tr>
<tr>
<td>3—Non-Veteran</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* For this purpose, a Vietnam Veteran is one with service between August 5, 1964, and May 7, 1975.
INSTRUCTIONS to Principal Investigator: Complete Sections I, II (pick A, B or C as appropriate to your project) and III. Send the appropriate number of completed applications to Barbara Whisenant Office of Grants & Governmental Programs, Resource Center, 433 Bolivar Street, 8th Floor, Suite 823, New Orleans, LA 70112. If you need assistance in completing the application, please contact Mr. Ron Gardner or Mrs. Barbara Whisenant at 568-4810.

I. Project Title: A STUDY OF NURSING ORIENTATION IN TWO URBAN HOSPITALS

Name of Principal Investigator: Myrna Harris Cassimere

Social Security Number: 435-54-7485  P.I. Telephone: 945-5901

School: College of Education  Department: Curriculum & Instruction

Investigator's Position at LSU: Doctoral Student

Signature of Principal Investigator: Myrna Harris Cassimere

Signature of Department Head: Charles W. Smith

Names of Co-Investigators and Degrees: None

1. 

2. 

Other Department Involved: Yes X No 

If Yes, Department Head Signature:

Other Institution(s) Involved: Yes X No

If Yes, Name of Other Institution(s): V.A. Hospital, Hotel Dieu Hospital, N.O. (CHNO, New Orleans, Home & Rehabilitation Center, Etc.)

Type of Subject: (Please check appropriate categories)

X Normal Subject

Emotionally Disturbed or Others Incapable of Informed Consent

Prisoners

Minor Child (less than 18 years of age if unmarried)*

*See instructions for obtaining child assent

Design of Study: (Please check appropriate categories)

X Interviews or Educational Tests Only

Study of Existing Data or Specimens Only

Collection of Less Than 50 ml of Blood Only

Use of Radioactive Isotopes in vivo For Use in This Project

(If yes, Attach Radioisotope Approval Form)

Administration of New Drug(s) (Names: __________________)

Use of New Diagnostic Test(s) (Names: __________________)

New Surgical Procedure(s) (Names: __________________)

Other: (Explain) ________________________________
Full Protocol

The purpose of this study is to explore and describe the perceptions and thoughts of newly hired nurses and their orientation instructors. The participants of orientation programs in two hospitals will be interviewed by the principal investigator, Myrna H. Cassimere. The schedule of interview questions is attached.

If the orientation group consists of ten (10) nurses or fewer, all will be interviewed. If the orientation group consists of more than ten (10) nurses, ten (10) nurses from the group will be selected. Participation is completely voluntary. The identity of the participants will be protected by a coding system known only to the investigator.

Each of the participants will be interviewed three (3) times during the orientation program; each interview will last no longer than one (1) hour.

Interview results will be analyzed for themes related to the theoretical framework of the study. The study is based on the Social Systems Theory of Administration by Getzels and Guba. This theory describes two dynamic interacting dimensions - one represents the individual, the other represents the institution. Orientation is necessary for positive interactions of the two dimensions.

Project Summary

This research study is a descriptive case study of Nursing Orientation. The procedure for data collection is an interview schedule devised by the investigator based on the research questions. The identity of the participants will not be revealed. Qualitative analysis of information shared by the participants of an orientation program can reveal interactions processes and variables for more extensive study. There are several reasons why such an analysis is significant. The success of the orientee in a particular institution is dependent on how well the expected role is learned. Orientation programs are cost-effective when orientees learn their roles and remain in employment in the institution.
2. Project Summary: Explanation in nonmedical terminology including procedure, previous experience with treatment or test, risks to subjects, safeguards, alternatives, and new information, etc.)

III. ALL INVESTIGATORS MUST READ AND SIGN THE FOLLOWING STATEMENT OF ASSURANCE:

The proposed investigation involves the use of human subjects. I am submitting this form with a description of my project, prepared in accordance with institutional policy for the practice human subjects participating in research. I understand the Medical Center's policy concerning research involving human subjects and I agree:

1. to obtain informed consent of subjects who are to participate in this project;

2. to report to the Human Subjects Review Committee any unanticipated effects on subjects which become apparent during the course or as a result of experimentation and the actions taken as a result;

3. to cooperate with members of the IRB Committee charged with the continuing review of this project;

4. to obtain prior approval from the IRB Committee before amending or altering the scope of the project or implementing changes in the approved consent form;

5. to maintain documentation of consent forms and progress reports as required by institutional policy;

6. to follow guidelines of the IRB regarding child assent:

   (a) The investigator is required to obtain assent of those children 12 years of age or older.

   (b) The investigator will make every attempt at obtaining assent of those children 7 years of age to 12 years of age.

   (c) The investigator is not required to obtain assent of children below 7 years of age; however, it is recommended as good practice whenever possible.

   (d) Documentation of required assent by children will be by signature of the child whenever practicable, or by signature of the parent or legal guardian attesting to such assent.

   (e) If a decision is made to include a child in a study without his/her assent, the reasons must be documented and constitute proper justification for such action.
5. Collection of both supra- and subgingival dental plaque and calculus, provided the procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques.

6. Voice recording made for research purposes such as investigators of speech defects.

7. Moderate exercise by healthy volunteers.

8. The study of existing data, documents, records, pathological specimens, or diagnostic specimens.

9. Research on individual or group behavior or characteristics of individuals, such as studies of perception, cognition, game theory, or test development, where the investigator does not manipulate subjects' behavior and the research will not involve stress to subjects.

10. Research on drugs or devices for which an investigational new drug exemption or an investigational device exemption is not required.

Submit 14 copies of completed application (including project summary) and 2 copies of full protocol.

C. RESEARCH PRESENTING NO RISK TO SUBJECTS: In order for your research to be considered as a "No Risk" Study, it must fall into one or more of the following categories. Please indicate which area(s) apply:

1. Use of educational tests for which there is no identifying date.

2. Research involving collection or study of charts, specimens, or medical records for which there is no identifying data.

X 3. Research involving questionnaires, surveys, interviews, and observation of behavior. Subjects cannot be identified from data; subjects' responses, if known, will not place them at risk; research does not deal with sensitive aspects of subjects' behavior (e.g., illegal conduct, drug or alcohol use, sexual behavior). All of the conditions must be met.

Submit 2 copies of completed application (including project summary) and 2 copies of full protocol in nonmedical terminology.

DEFINITIONS:

1. Full Protocol: State concisely the aims and specific objectives of the research; and the procedures to be used to accomplish these aims. Since the committee includes laypersons, avoid or explain highly technical language. Describe what will happen to subjects and what they will be expected to do, and the experimental parts of the study. State specific interventions which would not be performed except for purposes of this study.
Date: October 27, 1988

From: Ron E. Gardner, M.P.H., Chairman
LSUMC Institutional Review Board

To: Principal Investigator
Myrna Harris Cassimere

Re: Exempted Study

Name of Study:
A Study of Nursing Orientation in Two Urban Hospitals


It is the opinion of the Chairman that your study is exempt since it falls into one of the categories listed, specifically 46.101 B-3. You do not need IRB approval to conduct the study identified above.

D-22 Adm
Revised 1/87

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Dear Participant,

I am Myrna Cassimere, a doctoral student at Louisiana State University in Baton Rouge, LA. I am requesting your assistance in collecting data for my research study to fulfill my dissertation requirement. The study is a descriptive case study of the perceptions of nurses in an orientation program. Your participation in the study will be three interviews for about one hour each time discussing with me your perceptions of the program.

Orientation is a very important socializing process which can have far-reaching impact on one's success in a given institution. Synthesizing selected activities, information and experiences needed for success in an institution into a curriculum to be presented via instructional methods best suited to a target group is a concern of education. The nurses and the employing institution invest in orientation. This study is designed to enlarge the knowledge base relative to the orientation process.

Your participation in my study will have no effect upon your employment or future progression in this institution and is entirely voluntary. There is also no monetary compensation for your participation. All information given during the interviews is confidential. An identification code number will be assigned to each respondent to protect your identity.

The following is a statement required by the VA Hospital:

In case of any adverse effect of physical injury resulting from this study, eligible veterans are entitled to medical care and treatment. Compensation may be payable under 38 USC 351 or in some circumstances under the Federal Tort Claims Act. Non-eligible veterans or non-veterans are entitled only to medical emergency care and treatment on a humanitarian basis. Compensation would be limited to situations involving negligence and would be controlled by the provisions of the Federal Tort Claims Act.

If you have further questions about the study, you may call me at 524-0441 or 945-5901.

Thank you for your cooperation.

Sincerely,

Myrna Cassimere, R.N.
Mrs. Patricia Schmidt, R.N.
Director
Staff Development Department
Touro Infirmary
1401 Foucher
New Orleans, LA 70115

December 28, 1988

Mrs. Patricia Schmidt, R.N.
Director
Staff Development Department
Touro Infirmary
1401 Foucher
New Orleans, LA 70115

Dear Mrs. Schmidt:

Enclosed please find the documents for my proposed research study at Touro Infirmary.

Thank you very much for agreeing to accommodate me. If there are further questions, you may reach me at 524-0441 (work) or 945-5901 (home).

Sincerely,

Myrna H. Cassimere
Dear Participant,

I am Myrna Cassimere, a doctoral student at Louisiana State University in Baton Rouge, LA. I am requesting your assistance in collecting data for my research study to fulfill my dissertation requirement. The study is a descriptive case study of the perceptions of nurses in an orientation program. Your participation in the study will be three interviews for about one hour each time discussing with me your perceptions of the program.

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If you have further questions about the study, you may call me at 524-0441 or 945-5901.

Thank you for your cooperation.

Sincerely,

Myrna Cassimere, R.N.
Curriculum Vita
Myrna Harris Cassimere

**EDUCATIONAL BACKGROUND**

<table>
<thead>
<tr>
<th>Institution</th>
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<tr>
<td>St. Mary's Academy</td>
<td>1955</td>
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<td>Dillard University</td>
<td>1963</td>
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<td>Louisiana State University</td>
<td>1981</td>
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<td>Louisiana State University</td>
<td>1982-present</td>
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**PROFESSIONAL EXPERIENCE**

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<tr>
<td>New Orleans Public Schools</td>
<td>1968-present</td>
<td>Instructor, Health Careers</td>
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<tr>
<td>Clearinghouse for Health Care</td>
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<td>U.S. Public Health Service Hospital</td>
<td>1963-1968</td>
<td>Staff Nurse</td>
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<tr>
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<td>Clinical specialist-Recovery</td>
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**CONCURRENT PROFESSIONAL**

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<tr>
<td>Ludwig Manor Nursing Home</td>
<td>1971-1972</td>
<td>Supervisor/Coordinator of Patient Care</td>
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<tr>
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<tr>
<td>Prayer tower Nursing Home</td>
<td>1968-1972</td>
<td>Supervisor/Coordinator of Patient Care</td>
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<tr>
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<tr>
<td>United Medical Center</td>
<td>1978-1985</td>
<td>Staff Nurse, Emergency Room</td>
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<td>New Orleans, LA</td>
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<td>Nursing Coordinator</td>
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<td>CPC Eastlake Hospital</td>
<td>1987-present</td>
<td>Infection Control Nurse</td>
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<tr>
<td>New Orleans, LA</td>
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<td>Continuing Education Director</td>
</tr>
<tr>
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<td>Assistant Director of Nursing</td>
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399
OTHER STUDIES
University of Southern California 1977
Los Angeles, CA Biology of Aging
Geriatrics

CERTIFICATION
Registered Nurse 1963 - State of Louisiana
1971 - State of California

Technical and Industrial Instructor
Certificate Type No. P-129

1973 - State of Louisiana

MILITARY SERVICE
Ready Reserve 1972-present
United States Air Force Rank - Major
Reserve

PROFESSIONAL ORGANIZATIONS
American Nurses Association
Louisiana State Nurses Association
Louisiana Association of Health Occupations Educators
United Teachers of New Orleans
American Vocational Association
Louisiana Vocation Association
Phi Delta Kappa

CITATIONS
Selected to write National League for Nursing test pool items April, 1977 and 1987

OTHER ACTIVITIES
Volunteer 1968-1977
United States Department of State
Council for International Visitors
Volunteer, Crisis Line 1976-1982
Volunteer Reader 1984-present
Radio Station WRBH
New Orleans, LA
Candidate: Myrna Harris Cassimere

Major Field: Education

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