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A Descriptive Evaluation of Two Hospital Education Programs (Louisiana).

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ABSTRACT

The purposes of this study were to develop a method of assessment of the education function for hospitals and to ascertain if there was a significant difference in the education function of two like-size hospitals. One hospital is military, U.S. Army Community Hospital located at Fort Polk, Louisiana, and the other is civilian, Baton Rouge General Hospital, located in Baton Rouge, Louisiana. These two hospitals were selected for this study because of their similarities in size, state, educational mission and, most important, because of their organization for education. Both hospital education programs are decentralized, having a staff development section and a nursing education section.

In order to accomplish the purposes for this study, the author developed the WHIPS instrument. WHIPS is an acronym for Whitesell's Hospital Instructional Program Survey. This instrument was developed from sixteen major characteristics which are necessary for a hospital to have an effective education program. These sixteen characteristics were developed from the literature in the field of hospital education. The sixteen characteristics were then divided into the major areas of "program purpose" and "organization and administration." Three statements were then developed

for each of the sixteen characteristics which became the WHIPS.

Once the instrument was developed, it was pilot tested at a large and small hospital in Baton Rouge, other than Baton Rouge General Hospital. As a result of the pilot test, some minor instructional changes were made to the instrument.

The WHIPS was used to survey knowledgeable personnel who were familiar with the staff development or nursing education sections in their respective hospitals. The results of the survey demonstrated statistically there was a total of eleven characteristics where significant differences were found in the two hospital education programs.

The major result of the study was the development of the WHIPS. From the interviews that followed the survey, all personnel who were interviewed agreed the WHIPS provided a useful tool to assess the education function's strengths and weaknesses found at their respective hospitals.

CHAPTER I

INTRODUCTION

Hospitals, like schools, are service oriented organizations. Both attempt to provide for the needs of their clients. In order to accomplish this mission, both the school and the hospital realize the importance of having a staff that is educated in the latest developments in their respective fields. Both schools and hospitals have accreditation requirements that make it necessary for the personnel to maintain a level of certification which makes continuing education a large part of this process. The school teacher can usually meet these requirements by attending school at night or by attending school in the summer. However, hospital personnel who work rotating shifts all during the year are forced to get the education that they need through the hospital where they work or take time off from their job.

Schools have education as their primary mission, the education of the young, while education in the hospital is a secondary mission. However, every patient expects that the people who treat him will have the latest knowledge and expertise in their part of the overall treatment plan. This education function takes the form of continuing medical education for the professional staff, in-service education

of nursing and paraprofessional personnel, in-service education of administrative personnel, and in some situations, the education of the patients themselves.

Since the education and training mission of today's hospitals is generally considered secondary to patient care, the organization and administration of hospital education programs may be haphazardly developed or poorly supported. In general, much of what is considered education in hospitals is designed to meet requirements that have caused problems in the past. In other words, the hospital education curriculum is often the result of crisis management. This attitude leads to problems of identification and clarification of the role that hospital educators play in the delivery of patient care. It also makes meaningful planning a difficult process.

The intent of this study was two-fold: first, to develop a method of assessment for hospital education programs and second, to utilize the assessment tool in a comparison of a civilian and a military hospital.

The importance of developing an assessment tool is it provides hospital administrators a method for internal assessment. This need of assessment is supported by the 1977 Kennedy Study which states that 65 percent of a hospital's operating budget is consumed by personnel costs (p. 88). This investment in people must be protected in order to insure a successful patient care program.

The instrument was developed because of an expressed need for such a tool by a hospital vice-president. This executive felt there was a lack of knowledge about the operation of hospital education programs throughout the health care industry. Further investigation and research of the literature confirmed the need for a tool which could be used internally as well as for comparison purposes. (See Limitations of Previous Studies, p. 47.)

The hospitals chosen were a large public hospital (Baton Rouge General Hospital, BRGH) and a large military hospital (U.S. Army Community Hospital, Fort Polk, USACH). The study attempted to identify some of the strengths and weaknesses common to both types of hospital education programs. Both hospitals have a separate nursing education (in-service) program and a staff development program. This study looked at each of these programs and compared them separately in terms of the assessment instrument.

There are four major reasons why the two hospital education programs may differ. The primary reason is the difference between the military and civilian organizations. This civilian hospital is the largest of three facilities controlled by a hospital management group, while the military facility is commanded by Health Services Command which controls more than thirty Army health care facilities. When considering the continued replacement of personnel along with the difficulty of command and control of these

varied facilities, the Army has clearly defined job responsibilities through regulations and policies.

A second reason why the hospitals may differ is top management. The civilians have a tendency toward longevity in a single facility, while the Army moves its top level management on a regular sequence, approximately every three years. As a result of this movement, the Army education requirements are well defined from the top command structure and inspected annually.

However, in a civilian hospital, the effectiveness of the education program will depend in a large part on the importance the hospital administrator places on the education program.

The third reason is the civilian hospital education program tends toward providing education topics which are germain to that particular hospital, as compared to the Army, where health care training is taught along with mandatory Army training.

The civilian hospital education programs are designed to meet hospital specific needs; an example is the recent educational emphasis at BRGH on the new communication system. The Army has similar requirements. An example is training personnel to use equipment found in their newly constructed facility. Additionally, the Army, by its very nature, has additional training requirements such as mass casualty exercises, weapons training and physical fitness

testing.

The fourth major reason why the hospitals may differ is the strict Line-Staff administration of a military hospital as compared to the less formal administration of the civilian hospital.

I. BACKGROUND INFORMATION

Fort Polk Hospital. Fort Polk is a military reservation located in rural West Central Louisiana. It is home of the 5th Infantry Division (Mechanized) and its associated nondivisional support units. This study will concern the U.S. Army Community Hospital (USACH), one of the post's nondivisional support units. This hospital is a 180 bed, (expandable to over a thousand beds), Joint Commission on Accreditation of Hospitals, accredited facility. It is the largest military medical treatment facility in the State of Louisiana. The current facility is contained in over 100 buildings. It is a French-style cantonment complex which was constructed in 1941 (Williams 1980, p. 1). Presently, a new hospital is being constructed which should be ready for occupancy in August of 1983.

The present education program at the USACH is decentralized and dependent upon the initiative of the individuals concerned. Examples are: continuing medical education of the professional staff is the responsibility of the Chief of Professional Services; in-service education of nursing and paraprofessional personnel is the responsibility of Nursing Education and Training Division; in-service education of the administrative personnel is found in the respective functional areas; military-specific training and general recurring mandatory training of civilian and

military personnel (i.e., U.S. Army regulation changes, conflict of interest, unauthorized release of medical information, and civilian personnel problems) is the responsibility of Plans, Operations and Training Division. Patient education is also fragmented and oriented toward the specific interests of each clinic and ward population. This situation leads to duplication of effort and the nonsharing of educational aids, personnel and equipment. For example, the Family Practice Clinic and the Obstetrics and Gynecology Clinic have independently developed prenatal programs for pregnant women. In the final analysis, USACH education program in its broadest sense remains fragmented.

The U.S. Army Community Hospital (USACH) Fort Polk is under the Health Services Command (HSC) located at Fort Sam Houston, Texas. HSC is the hospital operating agency of the Office of the Surgeon General.

The USACH is organized in two major areas, professional and administrative services. The Chief of Professional Services is responsible directly for the continuing medical education of the professional staff and indirectly responsible, after the chief nursing service, for Nursing Education and Training Division. The Chief of Administrative Services (Executive Officer) is responsible for the Plans, Operations and Training Division. This division is responsible for staff development type education and acts as the coordination point for the affiliation

programs which come from the Academy of Health Sciences, Health Professional Scholarship and Special Forces Program.

Baton Rouge General Hospital: Baton Rouge General Hospital (BRGH) was founded by Dr. T.P. Singletary in 1908. During the period from 1908 until 1950, BRGH had a number of locations in the city. In January of 1950, the old section of the present building opened its doors. Since that time, many additions and services have been made available in order for BRGH to keep pace with the rapid technological advances made in medicine to include the purchase of a 104 bed nursing home. At the present time, BRGH has a total bed capacity of 768 including the new East and West Wings. BRGH is accredited by the Joint Commission on Accreditation of Hospitals. The organization of education at BRGH is in the decentralized mode. There are three main areas where education in the formal sense is carried out: staff development, clinical nurse instructors, and affiliations (Kirkpatric 1980 p. 1).

Staff development has two personnel, a media specialist/instructor and a secretary who are under the direction of the Vice-President for Human Resources. The nurse instructors are divided as follows: two generalists, one operating and recovery room and one critical care. They individually report to the Director of Nursing Education who in turn reports to the Vice-President for Nursing Service. There are six affiliation programs in the following areas:

Practical Nursing, Respiratory Therapy Technicians, Professional Nursing, Medical Technology, Medical Records Science, and Physical Medicine. Each of these affiliations report to one of the vice-presidents for coordination and control.

II. PURPOSE

The purposes of this study are: (1) to develop an instrument for evaluating hospital education programs, and (2) to compare a military and a civilian hospital in terms of the educational function through the use of this instrument. The conclusions are limited by the validity and reliability of the instrument and the number of hospitals utilized in the study.

III. THE PROBLEM

Statement of the Problem. Are there significant differences between the education function at the United States Army Community Hospital (USACH) and Baton Rouge General Hospital (BRGH) as perceived by those directly involved with the program, and can these differences, if they exist, be assessed through the use of an instrument.

IV. HYPOTHESES

The following null hypotheses were tested at the .05 level of confidence.

1. There is no significant difference between the two hospitals in terms of program purposes as evaluated by both administrators and nurses.
2. There is no significant difference between the two hospitals in terms of organization and administration as evaluated by both administrators and nurses.
3. There is no significant difference between the two hospitals in terms of program purposes as evaluated by administrators.
4. There is no significant difference between the two hospitals in terms of program purposes as evaluated by nurses.
5. There is no significant difference between the two hospitals in terms of administration and organization as evaluated by administrators.
6. There is no significant difference between the two hospitals in terms of administration and organization as evaluated by nurses.

Limitations of the Study. This study was limited to one civilian hospital and one Army hospital based on time and budget limitations. Time as well as transportation funding were limiting factors due to the distances to other Army hospital facilities from Baton Rouge. The study design required the surveyor to administer the instrument in addition to conducting the personal follow-up interviews on survey results in order to insure standardization throughout

the study. Therefore, it was necessary to limit the study to the two hospitals previously described.

This instrument can be administered through a postal survey. However, the researcher must insure that the recipients are knowledgeable in the hospital education field.

Additionally, to insure continuity, the two hospitals were required to have education programs organized in the decentralized mode to include staff development and nursing in-service sections. These parameters required that each hospital be of sufficient size to support programs of this magnitude.

CHAPTER II

REVIEW OF RELATED LITERATURE

The professional and scholarly literature related to the importance of hospital education programs is extensive. Therefore, the present discussion of hospital education programs is limited to a consideration of the sixteen characteristics used in the construction of the instrument. The purpose of this literature review is to provide documentation for each of these sixteen characteristics. The intent is to make this review meaningful to hospital educators who wish to be able to document those areas which the literature and this researcher believe to be the important characteristics of a good hospital-based education program. However, before starting with the sixteen characteristics, a short review of the general literature concerning hospital based education programs is provided for background information.

I. GENERAL

Rose Kennedy (1979) stated that in the past little attention was paid to education in hospitals except for doctors and nurses. However, with the continuing change in the state of the art in health care, the need for education has extended to most other departments found in a hospital. She goes on to state, however, that "little commitment has

been made to managing such programs" (p. 74). Kennedy also published references which suggest: if there is to be significant change in hospital-based education, a total system approach to education management is needed. When employees are in conflict with one another as to procedures, it is sensed by the patient and the conflict will be detrimental to the patient's recovery.

The main reason for providing a hospital-based education argues Diekoff (1982) is there are fewer applicants for technical jobs to choose from and the quality of the pool is decreasing. He points out the 18 to 24 age range (the age group from which most technical trainees are recruited) is projected to decline from 13 percent in 1975 to 8 percent in 1995.

Melton (1982) points out that the hospital-based education function serves as an "umbrella" for many programs administered by the education department in a hospital. These include pre-service, in-service, continuing education, affiliation programs, community health promotion, human resources, patient education and organizational development. As a result of this diversity, most health care facilities now recognize the necessity of having a professional educator as part of the health care team.

In addition to Melton's comments, Diekoff adds that motivating workers to learn requires the "there's something in it for me" (p. 37) attitude in each of the students.

Said another way, adults must believe that attending education functions will help them be more successful in their careers.

Zemke (1982) suggests the human resources development function can have a significant impact on organizational effectiveness, efficiency and long-term survival. However, to succeed, the education effort in a hospital needs the right people with the skills necessary to help solve the organizational problems through education. Householder and Keeter (1982) continue this theme and advocate to succeed as a trainer or educator, one must be able to succeed as a person. Technical knowledge and skill are important; however, equally or more important is the ability to work with and get along with others.

Kennedy, Finkelmeier, Truelove, and McKillip (1977) observed that personnel costs in a hospital account for 65 percent of the total operating costs. In order to protect this investment in people, management must understand the role a hospital-based education program can play in the overall success of the patient care program. The best way to do this, argues Kennedy, is for the education department to have authority to carry out educational policy in the most cost-effective manner possible that will still accomplish the basic mission of a hospital.

Melton and Esqueda (1980) concur that hospital education managers require more skills in management,

administration and organizational development. Additionally, increased attention must be given to health education promotions and media technology to include closed-circuit television and computer-assisted instruction.

"The field of continuing medical education seems to be in a stage of dynamic growth and development," (p. 79) observed Grubb (1981). He continues that improvements in the hospital-based education programs have made administrators of health care facilities aware of how the education process can improve patient care. The problem seems to be deciding what constitutes the hospital education function, and where it is to function in the organization. Optimistically, Grubb believes that the organizational "turf" problems will cease to exist in hospitals when they make maximum use of their most valuable asset, human resources.

II. LITERATURE TO SUBSTANTIATE THE SIXTEEN CHARACTERISTICS OF AN EFFECTIVE HOSPITAL-BASED EDUCATION FUNCTION

1. The Education Function Should Reflect The Goals Of The Hospital.

The American Hospital Association in conjunction with the American Society for Healthcare Education and Training (ASHET) declared that the human resources development must be thought of by management as a major force for achieving hospital goals (1978). The most important element in a hospital to achieve this is the education and training

effort.

Kennedy et al. (1977) stated "All educational efforts undertaken must be accomplished in concert with the institutions' goals" (p. 90). She (1979) adds in a later article that the education environment must relate directly to the goals of the hospital. Esqueda (1979) concurs by adding the concept, for an education department to be an asset to the hospital it must set goals which reflect those of the institution. Melton (1982) urged health care administrators to regard hospital-based education as a major strategy for achieving the goals of the institution.

Camp (1981) is quoted as stating, "The direction for the training function always comes from the mission of the hospital, and providing a service to the organization will keep the function on track" (p. 3). Feldman (1982) adds to Camp's idea by his comment that trainers who have made an effort to identify their beliefs regarding their profession will have an understanding of what they are doing, which will lead to consistency between administration and the education department.

Grubb (1981) admonishes hospital administrators in order to have them make decisions that will rectify the lack of clear management direction in regard to hospital-based education programs. He states, "The value of hospital education can be related directly to how well the hospital's goals and objectives are defined" (p. 76). Opportunities

are present for educators to develop objectives which can be measured against the hospital goals when the institution conducts long-range planning and identifies these goals. Once objectives are stated, the hospital-based educator can evaluate the contribution made by the education department.

Bedwell (1978) inferred hospital-based education must be part of the total management strategy that focuses primarily on meeting the needs of the organization as they apply to its goals.

Munk (1980) suggests the best way to evaluate the educational program is to measure it against the overall hospital goals. Before this can be done, however, they must be well defined. The hospital administration should present the goals to the head of each department for discussion so all personnel will understand the direction in which the hospital is moving.

The survey report of hospital accreditation agencies encourages accountability in staff education and provides a strong motivational source for hospital-wide improvement which infers goal setting (Mulholland, 1980). "Staff improvement needs to involve two general aspects: one, the health of the patient, and two, the health of the organization," (p. 35) continued Mulholland. It is the second idea that is the concern of accreditation agencies, but the first which is the concern of the institution.

In the same vein, Buckley (1978) advocated the

advantages of using the standards for the Joint Commission's Hospital Accreditation Program for planning educational activities and at the same time helping prepare for the next accreditation survey.

Zemke (1982) thinks a way to undermine the human resources development effort is to fail to define the education role as it relates to the organization. He goes on to point out, to be optimally effective, the head of the education department must understand and agree with top management's concept of what the organization is trying to become. Furthermore, the educational effort must be designed to help accomplish that goal. Zemke concludes by adding that a written mission statement with task responsibilities is necessary to evaluate and change the education function.

In conclusion, these authors make a clear case for a hospital-based education to be effective, it must reflect the goals of the hospital.

2. Education Programs Should Be Relevant To The Needs of The Employees.

Alvin Toffler (1971) in Future Shock states that the illiterate of the year 2000 A.D. will not be the individual who cannot read or write, but the one who cannot learn, unlearn and relearn. The Zemkes (1981) believe that one of the keys to adult learning is to focus on single-theory courses that are heavy on application of a concept that is

relevant to the problems faced by the learner on the job.

In discussing student involvement in the adult learning setting, Skurow (1982) reported that when adult students become involved in the administration of education they develop a commitment to the program. The result is that a sense of ownership develops and participation and attendance rates are high. Kennedy et al. (1977) continues with the topic of student involvement and urges the formation of education committees which involve hospital personnel from all sections in the planning process. These authors feel that this type of participation will stimulate communication to receive input on training content, which in turn will develop internal motivation and support for the education programming.

Zemke (1982) pointed out that when education assessment techniques do not involve the employee, the education effort will be undermined from the outset. He goes on to infer that adults learn when they want to, and they want to when they can see the education effort is related to their jobs. He warns educators not "to fall in the trap" (p. 28) of fad education programs or the selling of individual's social values.

Hagberg and Hirsch (1982) report that the individual is responsible for 70 percent of his or her own career development. It is up to the hospital-based educator to insure that the education effort is meaningful and relevant

to the employee.

Diekhoff (1982) states, "Motivating workers to learn requires that they be convinced that 'there's something in it for me'" (p. 37). He further observed if the trainees are involved in goal-setting, it will increase their commitment to the education effort. Continuing with the idea of goal setting by the adult students, Sherwood (1979) advocates the team approach to goal setting. He adds that involving employees will help achieve organizational goals. Goals are then accomplished when an individual has decided to make a commitment to achieve the objective. This concept is true particularly when the employee is involved with the direction his education is taking.

Reilly (1979) published the idea that the teaching-learning process is a mutual responsiblity of both the learner and the teacher. She offered that it is an ideal situation when adult learners are involved with all phases of the education program.

Kozoll (1981) argues that training in a hospital is often seen as remediation and not as an improvement activity by many of those who must participate. He states that many employees have the attitude we are doing something wrong and now we must "get a dose of instruction" (p. 2). When this attitude is allowed to prevail, the trainees will have a resistant attitude toward the whole education process.

Burstein (1982) states, "...health educators and

trainers have a responsibility to develop methods of integrating user input and course development so that relevance does not become faddism" (p. 7). The usual form of input about the education programs has been evaluations written by the participants upon completion of a course. Occasionally surveys are taken in which hospital employees are asked to identify their training needs. The problem is that employees differ greatly in ability to express their needs in educational content.

In discussing educational programming Melton and Esqueda (1980) offered that during the seventies the "catchword" had been "relevance." Camp agrees and reported (1981) that for the education department to be effective it must be creative and avoid "sterile" subjects which have little job significance for the students. In this regard, the education function must be an ally with management in order to develop people. Camp stated, "Effective training and educational programs are founded on the real needs of real people" (p. 4). To do anything else, he warns, will cause the education function to be placed in a "vacuum."

Buckley (1978) believes that the Joint Commission Standards provide employees relevant content for education activities. He feels that the standards provide a visible and meaningful content, the importance of which is understood by all hospital employees.

In conclusion, it is clear as demonstrated by these

more than twenty authors, that hospital education programs, to be successful, must be relevant to the needs of the employee and he/she must understand the relevance and have a part in the overall program.

3. Education Programs Should Help Individuals And The Hospital Meet Certification Required By Accrediting Agencies.

McCauley (1981) reporting on the keynote address by John Affeldt, M.D., President of the Joint Commission on Accreditation of Hospitals, at the annual meeting of the American Society for Healthcare, Education and Training (ASHET) published that, "...continuing education is intrinsically related to quality assurance" (p. 7). He reported that Dr. Affeldt encouraged health care educators to use weak areas found on certification programs to improve knowledge and skills. Additionally, he suggests using the certification programs to measure the impact of continuing medical education programs. The quality assurance program should link all certification and other quality assessment activities performed in a hospital. He goes on to imply, once problem areas are identified, education programs should be directed to rectifying those weak areas.

Hoffman (1982) argues that hospital education programs are necessary for long-term existence of health care facilities for a number of reasons, one of which is to meet accreditation standards.

Mulholland (1980) offered that accreditation should be

a "map" for hospital educators. The accreditation process is a good time to examine the relevance of the education programs. Accreditation provides objectivity in determining the educational needs of the hospital. These needs may best be served by the education programs.

Discussing certification Friedman (1981) published that the National Commission for Health Certifying Agencies reports there are at least 100 health certifying bodies in the United States. She points out the main purpose of certification is to provide a measure of competence that will protect the patient. It is, she implies, the education department's function to assist in program planning in order to meet those certification requirements.

Meyer (1977) found the laws mandating some health professionals to participate in continuing education courses in order to meet recertification requirements could not always be financially justified. Kennedy (1976) observed that specific professional groups found within the hospital cannot be counted on to provide the necessary continuing education for their specialties. The hospital as an employer must require that each specialty in the health care facility be provided continuing education to insure competence and state of the art knowledge.

Melton and Esqueda (1980) state that there is a slight trend for hospitals to tighten policies toward continuing education for nurses and other health professionals for the

purpose of certification. Yet the desire to possess the most current information in their profession has become a major force toward providing necessary education programs in order to meet these requirements at the hospital education level. Due to this conflict, Mack (1977) believes the self-instruction capability of a hospital may become the essential feature in preparing health care professionals for recertification.

In an effort to relate hospital accreditation and individual certification, Buckley (1978) offered the fact that accreditation manuals for hospitals provide standards for education in specialty areas. Additionally, he recognized the need for specialized training within a particular discipline. He concludes that topics for educational activities can be "gleaned" from the results of such evaluations.

In conclusion, these authors show how individual certification and hospital accreditation can become the backbone of a hospital education program.

4. The Education Function Should Provide Programs For Patient Education.

Nielsen (1981) stated patient education has increased in popularity during the seventies. The American Hospital Association indicated that 46.4 percent of member hospitals that were contacted have, or are implementing, some kind of patient education program. However, few hospitals have

follow-up programs in order to determine the level of compliance with knowledge gained from patient education programs.

Timm (1979) noted when ambulatory health programs in patient education have been in existence for more than one year, the hospital admission rate has dropped. This is significant particularly in chronic care cases, such as diabetics and coronary care. Disease prevention and health maintenance are the result of such efforts. The key to this program is the multidisciplinary team approach with both staff and patient education.

Trager (1978) sees much of the education and training role of the hospital in the area of patient education. She states, "It is the most valuable service available" (p. 28). The solution to patient education is the Patient Education Center. Patients are referred to the center by a physician who practices in the facility. Much of the teaching is done with media capabilities such as audio-visual programs. Patients are charged a fee ranging from $10 to $20 to complete a program. Very often, health professionals seem anxious about the fees, but patients rarely object to them.

Young (1982) believes the public is demanding health information to decrease health risks. She suggests that hospitals expand patient education programs to include providing information on health matters to the community it serves. She added, however, a publicity campaign should

precede a health promotional effort. LeFebvre (1981) published that there is a great incentive for industry to cooperate with hospitals related to the concepts of health and wellness.

Continuing in this same line, Katz (1981) advocated that the hospital-based educator leave the institutional boundaries and take hospital education into the community. She suggested three settings: public and private general education, other health care facilities, and business and industry educational settings.

Munk (1980) states that hospitals should improve community educational activities to be consistent with their marketing objectives. The hospital's marketing program should identify the audience that will be targeted for educational programs.

Melton (1982) states, "Patient education can enhance the quality of patient care while maintaining health care costs" (p. 11). Additionally, he observed, health maintenance is an individual responsibility, but can be assisted by the health care facility by sponsoring health education for the community.

In conclusion, health education and maintenance are important parts of the total health care concept which now includes wellness centers. It is only natural that health care administrators are looking to the hospital educator to put this new concept into the community.

5. The Education Function Should Help Hospital Personnel Cope With Change.

In a paper written by a committee of educational practitioners selected from the American Society for Healthcare Education and Training (ASHET) membership (1978), the following was developed: In order to accomplish the hospital mission in this present era of rapid change in medical science and technology, one must effectively use human resources. The vital element in coping with these changes is an education system which helps the hospital develop and maintain a competent labor force.

Kennedy et al. (1977) urged that hospital-based educators should be encouraged to seek ways of managing change and then integrate it into the education and training program of the hospital.

In studying in-service education, Melton and Esqueda (1980) observed that it is a deterrent to costly personnel change. They recommend cross-training, where the incumbent teaches his job procedures to a fellow worker. This procedure has a number of advantages, such as allowing supervisors to promote within the section, thus providing a career ladder. Additionally, it provides someone to work an area when one person is absent due to illness or vacation. Kennedy (1976) suggested that to accomplish its goals, the hospital as an employer must look to the future and explore ways of managing change. The education department should be the catalyst in this effort.

Grams (1981) focused on changes which the newly graduated nurse experiences, going from what has been taught in nursing school to what the hospital expects. This gap, he says, widens each successive year. He attributes this problem to two situations: first is the medical and technical knowledge explosion, and second is that most new nurses are hired for the openings on the night or evening shift. Therefore, a reality of nurse employment is that new graduates are hired into the less desirable shifts where they have little direct supervision of their skills and are not exposed to in-services. The education function, in order to cope with this kind of change, should provide educational opportunities for all shifts.

Katz (1981) sees the education department as a change agent in the expansion of the education role beyond the hospital. She also points out there are fifteen deterrents, often found in institutions which work for stability when change is necessary. When these deterrents are present, it is an indicator of potential problems. Continuing with the change agent concept, LeFebvre (1981) states, "If we are going to be survivors in the era of competition, we must become change agents in our institutions" (p. 8).

In concluding this characteristic on change, the above authors see the role of the education function as a hospital change agent.

6. The Education Function Should Exist As A Management Tool To Help Solve Organizational Problems.

Esqueda (1979) published, most problems that "plague" hospital administrators are "people-related." Kennedy (1979) states, "Programs have often been developed in reaction to some crises" (p. 74). Bedwell (1978) suggests educational efforts must be directed toward the total hospital management practice. The hospital-based educator's responsibilities are to work throughout the institution to help solve organizational problems.

Camp (1981) implies that the hospital-based education function exists primarily as a management tool. It should seek ways to help the hospital accomplish its mission. Most of the activity in which the education function invests time and resources should be efforts to help the institution solve problems. He advocated the future belongs to education functions that can respond to needs in the hospital which can be solved through training. Additionally, it must take the initiative to help management identify and analyze organizational problems.

Melton (1982) argues health care educators need to be involved in activities which improve the quality of patient care and increase productivity of the work force. He also declared that the educators should strive to decrease employee turnover, culture shock, and burnout, all of which are organizational problems that the administration can ill afford to let continue.

Margolis (1976) reported the National Health Planning and Resources Development Act (P.L. 92-603) has caused hospital management to make an effort to keep down the escalation of hospital costs. The vast majority of hospital budgets go ever increasingly to payrolls. She suggests, as an employer, hospitals must find ways to better manage their human resources. To do this the staff development effort must receive top management interest and commitment. In another article Margolis (1976) stated the problem succinctly, "In many organizations, 'training them' (employees) becomes a panacea for all ills. However, trainers lose credibility and effectiveness when they fail to help management separate training problems from system problems" (p. 1).

Kozoll (1981) suggests that education programs are thought of as an organizational "cure-all." Education programs are not an end in themselves, but a means to an end. It is one of the many tools which the hospital administrator can use to solve organizational problems. Often the wrong problems get assigned to the education function. Many problems should be solved by supervisors who, as Kozoll points out, may be the source of the problems. He cautions educators not to design complex programs to solve problems, because the program may become an end in itself, rather than a means to correct the problem.

7. The Education Function Needs To Provide Administrative Assistance To the Affiliation Education Programs Found In The Hospital.

The hospital's major responsibility is to provide high-quality care for its patients. A secondary responsibility, inherently linked to that of high-quality care, is to insure that the personnel who provide the care are competent. Fisher (1981) states that one of the most effective ways of accomplishing this is for the hospital to cooperate with the educational institutions in preparation of students in health care professions. The responsibility for orientation, assignments and handling day-to-day problems related to the students fell to the director of the various departments. The problem is that student administration was handled by an inexperienced person who may or may not be interested in the well-being of the students. By appointing a coordinator of affiliated programs, the education institution, student and hospital had a point of contact which could provide accurate, timely and consistent data to all involved in the affiliation process.

Kelly (1981) seems to agree with Fisher, and in fact believes that all affiliations should be under a unified system with the education function being the action agency representing the hospital in contract coordination and utilization of personnel and equipment found in the health care institution. Banaszak and Willner (1978) concur that

coordinators should be identified by the hospital and the educational institution in order to assist in the planning of the program as well as in the placement and administration of students.

The ASHET committee (1978) urged liaison with external resources. The committee suggested arranging for clinical affiliation with educational institutions is the responsibility of the hospital-based educator. The educator can make recommendations regarding the skills that will be needed to meet the demands of the future. Additionally, the liaison function will insure the benefits derived by the hospital are equal to the services provided in turn by the hospital. Continuing with this same theme, Kennedy (1979) suggests that hospital educators collaborate with universities to establish affiliations and to develop curricula that will meet the future demands of the profession. These programs need to be incorporated into the management structure of the hospital.

Mack (1977) described the physical requirements that a hospital-based education program must provide to the affiliated education institution. These include access to an auditorium, classrooms, laboratory, medical library and audiovisual equipment, all of which should be under the control of the hospital-based education function. He also discussed the faculty development. He feels it should be the mutual responsibility of both the education institution

and the hospital.

8. The Education Function Should Serve As A Coordinator For The Educational Expertise Found In The Hospital.

Kennedy (1979) reported the concern for health care costs has a dual effect on hospital-based educators; the pressure to reduce expenditures and to make the hospital work force more effective. She implies one of the ways to accomplish this is to use the educational expertise found in the hospital to meet the educational needs of the staff.

Skurow (1982) urges hospital-based educators to take advantage of all resources that are available. He inferred that a source would be locally available people as well as audio-visual equipment. Kennedy et al. (1977) agrees it is important for hospital-based educators to use the facilities and personnel that are locally available. Additionally, shared programs with other institutions are an excellent way to have meaningful programs at the least expense.

McCarthy (1979) suggests that some of the best resources for potential programming can be found in the hospital and the local community. She also stated it is a good idea to share local resources for the benefit of all. She continues that, "A resource that may often be overlooked is inhouse expertise" (p. 123). She suggests a list of personnel that are skilled in an area of interest who have teaching ability be maintained at the education department. Then the education department matches the educational needs

with the potential inhouse speakers or instructors. This can, she offered, be developed into sharing programs between departments, such as nurses teaching administrators cardio/pulmonary resuscitation (C.P.R.) and administrators teaching nurses zero-based budgeting.

Melton and Esqueda (1980) agree that it is important to use hospital personnel for presentations because of the vast number of job specialties found in a hospital. They caution, however, that many would-be instructors do not have the preparation for adult education. They observed that the education department's main job, when using local personnel, is class preparation or training the trainer.

Kennedy (1976) stated, "A department whose primary function is to coordinate all of the institution's resources can maximize existing resources - personnel, facilities and money" (p. 88). Kozoll (1981) agrees; however, he feels outsiders will be no more effective as instructors than those who are employed by the hospital.

9. The Education Function Should Prepare, Conduct And Evaluate Training, With Equal Emphasis On All Three Areas.

Stewart (1982) addresses the question of how much training is needed in the hospital setting by arguing a good rule of thumb is 5 percent (100 hours) the first year in a job and 3 percent (60 hours) each year thereafter. Everyone sees the need to train the new person, but in today's world 1.5 percent (30 hours) is needed to keep up with changing

technology and the knowledge explosion as well as another 1.5 percent to train for more depth of knowledge about the old technology.

Groden and Kelly (1982) advise health care educators not to attempt rapid growth in their programs. This, they state, leads to indiscriminate planning and poor implementation, which can undermine the program and cause more serious problems than those the program was meant to solve. The other extreme is to plan so thoroughly that one is too exhausted to implement what has been planned. They caution in the implementation phase there must be a balance between content and method so that the students will come away with a meaningful experience. They state, "...the long-lasting effects of a good program cannot be measured in the short term" (p. 9). It is unrealistic to expect immediate measurable results when skills that are taught are complex. This means that for valid evaluations one must be patient.

Cunico (1982) published that instruction must be presented in the simplest possible way, with all facilities and equipment available in the learning area. This implies thoughtful planning for each presentation. Grubb (1982) published that adult learners must be involved with all phases of a program to include planning, implementation and evaluation.

Harris (1982) pointed out it is difficult to determine

improvement in patient care by any educational program. She believes the objectives of such programs should be related to observable changes in the participant's behavior. She states that the evaluation phase should be considered in the planning and actual conducting of the educational effort. The planners should have a specific method to use for the evaluation. She concludes that the evaluation process should focus on three program parts: resources, activities, and objectives.

Benjamin (1982) states that course evaluation is part of the educator's job. She suggests the best way to evaluate a course is the "post-then method" (p. 72) which attempts to evaluate the course after the fact, when the employee is back in his work environment to determine if his behavior has changed.

Kozoll (1981) reported that too many evaluations do not do the job for which they were intended. Most evaluations spend too much time on the participant's feelings and not on whether the results of training improved performance and productivity.

Reilly (1979) agrees with Kozoll, that most education programs are evaluated by a reaction form. She states, "The ultimate test of learning is behavior change" (p. 5). However, she understands the difficulty in measuring behavior, but feels that the effort is worthwhile in order to get some indication of whether or not performance has

changed as a result of a program. She is of the opinion this can be accomplished by a form which is presented to the students before the class is to meet. This form lists the objectives so that the prospective students rate these objectives and add to them to insure the class will be significant to them. The method can evaluate the instructor's emphasis as it compares with the student's educational needs as well as provide the instructor time to insure his presentation is meaningful to the students when the class meets.

10. The Education Function Should Have Facilities For Individual Training.

Kozoll (1981) advocated hospital educational programs should be tailored to individual needs. Mack (1977) states self-instructional capabilities are an "untapped reservoir" for continuing education of the medical staff. In the future it may be an essential feature of the hospital education function. Camp (1981) agrees, suggesting utilization of self instructional approaches and other modes of learning will place the instructor in the role of a facilitator.

Melton and Esqueda (1980) offered, with the increasing emphasis being placed on health education and its use of sophisticated educational technology, such as, closed-circuit television and computer-assisted instruction, the skills required to function in the health education

arena are going to increase.

Camp (1981) states that adults learn at a wide variance of rates and goes on to infer the use of individual training programs will help solve the divergence of the training rates. Deikhoff (1982) found an effective strategy was to let the trainees pace themselves through individualized training. Each trainee charts his own objectives and course progress in a manner similar to the management by objectives technique.

Zemke (1982) states that today's successful managers cannot spend valuable time in unproductive seminars. The rapid rate of change in industry means only those who can design their own learning can cope with this constant change. He published, "We've been trained to undervalue our own independent learning and overvalue that which we get from authority figures" (p. 30).

Greer (1982) feels that self-instruction is the learning tool of the future. The role of the educator in the learning center is that of a facilitator, not a teacher, in the traditional sense. The advantage is that individual training greatly broadens the scope of education that can be offered. Additionally, learning centers are concrete evidence to employees that the hospital is interested in their career development and advancement.

Minor (1982) states, "A self-instructional learning program for employees in a health care institution can offer

a cost-effective means to educate a large number of employees. A critical element in the success of such a program is good management of the learning center" (p. 3).

11. Long Term Training Schedules Should Be Made, Published And Distributed Through-Out The Hospital.

LeFebvre (1981) suggests any educational function that does not have a long-range published plan will not get anywhere. Collins (1981) suggested, while addressing the same topic at the 10th Annual Meeting of the American Society of Healthcare and Training, the education functions should have a schedule published for the future so managers can plan personnel time. Kozoll (1981) emphasized the importance of well-publicized and well-planned highly focused training efforts.

Skurow (1982) described a method to publicize programs developed along the lines of a marketing plan. He points out the schedule should have three components: a monthly brochure which describes the program and its objectives, a series of single theme, one-hour programs, and the concept the programs will be offering, "Your time, your place for your personnel" (p. 7). This will provide the department supervisors and managers the opportunity to evaluate the programs that will be pertinent for their personnel. The time then would not be wasted on attending programs that would not be meaningful, or meet staff needs.

12. The Education Function Should Provide Feed-Back To Instructors Concerning Presentation Of Subject Matter.

Reilly (1979) inferred feedback can help modify programs that will be repeated. The instructor should take a hard look at the content and objectives to insure they are meaningful as presented.

Zemke (1982) cautions that evaluation instruments are tools only for data gathering. The manager has the responsiblity of providing the necessary feedback to the instructors. Harris (1982) states that feedback may reinforce the necessary behavior change more so than just an instrument. She advocated planning for feedback which involves: planning, determining strengths and weakness, and revision.

McAlindon (1979) reported feedback should focus on the outstanding performance. This, he feels, will build self-esteem and self-respect, two of the most important ingredients for individual success on the job. Additionally, he is of the opinion, the emphasis on the positive has an influence on the climate of the organization which will, in turn, raise overall morale.

Cunico (1982) encourages the use of instructional standards for feedback in order to measure the quality of the performance against fixed requirements. She published that standards have three uses: "to guide instructional development, to guide instructional management, and to provide a basis for evaluation" (p. 1). In other words,

does the teaching work; is it of value; and is it up to date? Additionally, the education function should provide instructional trouble shooting for the institution. This is defined as, "discrepancies between state-of-the-art instruction and areas that need improvement" (p. 3).

13. The Education Function Should Maintain A List Of Local Schooling Available, Admission Requirements And Where Tuition Assistance Can Be Found.

McCarthy (1979) suggests taking the education program of colleges and other education institutions to the health care facility. This provides an opportunity to have the desired courses to be presented immediately before or after work. The costs can be divided by the number of students, and this provides the hospital an opportunity to cost share in the expenses to show the students that it is interested in their career development.

Wheeler (1980) declared that the education function should make clear the procedures one has to undertake before applying for continuing education. When the education is job-related, tuition aid should be available from the institution. A policy should be written for criteria and eligibility for attendance and reimbursement for the educational activities taken on one's own time. This policy should be available through education coordinators and education personnel found at the hospital. The key to success of this program is the education coordinators and open lines of communication through-out the hospital.

14. The Education Function Personnel Should Have Access To Other Sections And Top Management Of the Hospital On An Uncomplicated, Natural And Expected Basis.

Householder and Keeter (1982) reported one of the top three areas of importance for the education function in a hospital is to establish good relations with department managers on a client basis. Kozoll (1981) continues this theme, with the idea that the education function should help unit heads to understand a problem and determine if training or education is part of the solution.

Nichols (1982) argues that the reason administrators and managers do not like, or just tolerate the education function, is they do not understand the difference between training, development and education. He states that training deals with current needs, development deals with predicted needs and education deals with possible needs. Additionally, he concludes that the education function should intersperse training, development and education in its programs in order to provide a well-rounded academic program which will meet the needs of the organization.

Zemke (1982) says an error is made when the education function is allowed to report to middle management. He is of the opinion that the Chief Executive Officer (CEO) is ultimately responsible for attracting, developing and retaining talent in the organization. Therefore, the education function should report to the CEO.

Camp (1981) reports the assertive education function is

comfortable in the interdisciplinary settings and can cross departmental lines without generating anxiety. At the same time, they can approach management on a welcomed basis. This means the education function can interface with all other sections of the hospital on a natural basis. The ASHET committee (1978) points out that more than half the overall budget of a hospital is used for wages and, as such, sound educational skills should be directed at improving relations between personnel and management.

Goodfellow (1982) believes that employee dissatisfaction and possibly strikes can be avoided if the education function personnel make serious efforts to ascertain what workers think. What is required is face-to-face interviews with groups of employees. Paper and pencil "attitude surveys" are worthless for this purpose. These interviews must be indirect and nondirective and should be managed by the training director.

The 1981 Janklow study at Barnes Hospital in St. Louis revealed that hospital managers and administrators see two distinct role expectations for the Department of Education and Training: one was to provide actual training and solve problems, the second role was to serve as internal consultants - to be generalists. These differences in role expectations are important because the effectiveness is in direct relationship to the role expectations. In other words, if the educator or trainer performs the role in line

with the department head's expectations, the greater the probability that the department head will perceive the Department of Education and Training favorably. According to Janklow it is necessary for the hospital educators to first clarify for themselves the role they will play in their own hospitals. Once this role is defined, it must be communicated to department heads and administration in order to influence expectations. It is, however, important that the education department be regarded as an ally of managers and administrators. The managers are ultimately responsible for the performance of subordinates and the existence of an education department does not relieve management of the training responsibility.

Kennedy et al. (1977) states that 70.9 percent of hospital educators acted as internal consultants and were able to assist in decision-making activities. Hagberg and Hirsh (1982) advocate top management be involved in the education and career development of all personnel. Skurow (1982) argues that to be effective the education program should be directed toward the people who make the hospital work: housekeepers, clerical personnel and other non-supervisory personnel. In other words, the people not usually included in leadership and interpersonnel skills. A way to accomplish this is to take the classroom to the people.

15. The Ultimate Aim Of The Education Function Is To Help All Employees Do Their Best On The Assigned Job.

Skurow (1982) offers the education function should insure the programs offered are pertinent to the needs of the organization. He infers that the people who make up the organization are doing the best job they can as a result of the education experience. Zemke (1982) agrees. He suggests that "You are probably blowing it" (p. 28) if the education function is interested in reporting to management figures on people who attended courses and the number of course offerings. To report on changes in performance, and even attitudes would be more meaningful.

Camp (1981) concludes that it is not the responsibility of the hospital based education function for actual employee job performance. It is, however, its responsibility to insure the employees are equipped with the necessary skills and knowledge to perform their job in a satisfactory manner. He continues, "The ultimate aim is to help employees do their best on the assigned job" (p. 4). Reilly (1979) concurs and states, "The ultimate test of learning is behavior change" (p. 5).

Harris (1982) reported the ultimate objective of hospital education progams is to improve patient care. Therefore, the program objectives should be related to observable changes in the participant's behavior or knowledge following the educational opportunity. Cunico

(1982) believes the purpose of instruction in health care is to change staff in the desired direction, at the least time and cost. Kent (1978) offered the hospital education function must be responsive to the people and meet their individual career objectives and, at the same time, assist the hospital in meeting its operational objectives by the quality of the job performance of its personnel.

Toban and Moore (1980) point out the dilemma which faces hospital administrators. They want the staff to keep up with the rapidly changing technology found in the hospital and still be able to keep the one-on-one relationships with their personnel in order to be able to observe behavioral change as a result of the education keeping up with technology.

16. The Education Function Should Encourage Such Techniques As Case Studies And Role Playing.

Cunico (1982) published that two of the characteristics of up-to-date instruction are: "Each student studies and practices only those skills not yet mastered to the level described by the objectives," and "Students are provided the opportunity to practice each objective and to obtain immediate feedback" (p. 1).

Zemke (1982) offered that one way to fail in the education effort in the hospital setting is to spend a large percentage of the educational time in the classroom.

Camp (1981) pointed out, the hospital is a complex

organization and as such does not lend itself to traditional techniques of educational programming and presentation. He feels there will always be room for some classroom learning; however, the job of the hospital based educator is to insure every effort is made to discover more useful methods of educational presentation.

III. LIMITATIONS OF PREVIOUS STUDIES

Before discussing the limitations of previous studies, it is important to note the many positive aspects brought to the attention of the hospital educators in these five studies. Many parts of these studies have been used for documentation of characterstics found in a good hospital-based education program in the preceding literature review. Also, it must be realized that it may not have been the intention of the authors of these studies to do an in-depth listing of characteristics necessary for a successful hospital-based education program.

Additionally, the authors may not think that some of the listed characteristics are in the proper arena of the hospital education function. Likewise, the characteristics presented in this study do not deal with the personnel traits of the educators, but try only to consider the descriptive evaluation of the education function. Some of these studies are not intended to describe both the staff development function and nursing in-service education.

The five studies that are examined here were done as early as 1976 and the latest as recently as December, 1982. Three of the surveys have been sponsored by professional journals in the field, while the other two are individual efforts.

The American Hospital Association survey of 1976 by Rose Kennedy and others was accomplished with subjective statements, which required "yes" or "no" responses. The questionnaire was sent to 300 educators and trainers. One hundred and ten surveys were returned and thirty-eight of these were deemed invalid.

The survey was in five sections: characteristics of educators, organizational structure, interaction, programming and staff, and resources. The information obtained provided much interesting data, such as percent of men and women on educational staffs, age of the educators, size of the hospital and amount of equipment on hand. However, little information could be considered in providing help to the organization other than for comparison purposes of like-size hospitals.

The main limitations were: (1) the questionnaires were sent only to people who worked in the hospital education function and no other sections of the hospital were asked for input as to the effectiveness, and (2) the survey was strong on demographics and weak in overall significance of the hospital-based education program.

The second study was done by a committee of hospital educational practitioners selected from the membership of the American Society for Healthcare Education and Training (ASHET) which was done in 1978. The stated purpose was to provide a guide for organizing and administering the education function.

The study is excellent and lists ten functions and discusses others that should be in the hospital-based education function; however, three of the functions are elaborations of others previously mentioned in the study. The study also discusses the use of the education department in helping personnel cope with change, patient education, and affiliations. The study does not, however, discuss the importance of relevance in adult education, accreditation and certification requirements. Neither does the study suggest instructor feedback and the use of in-house educational expertise to solve some of the education functions problems.

In the final analysis, however, this is an excellent study which could be strengthened by addressing the areas discussed above.

The third previous study is by James H. Camp in 1981. This is another excellent study on the functions of the hospital-based educator. Camp makes use of a continuum from static to dynamic for fourteen general areas where he feels the health care educator should operate. His guidance is

general in nature, which causes a problem if one is looking for specific help with a certain problem.

His assumption is that a dynamic program is better than a static one. However, in some cases, this may not be the case. Additionally, his continuum method makes surveying difficult, because of scoring problems and the fact much of the information must be read by the participants in order for them to understand the concept of the continuum. This study, however, provides an excellent general guide as to the function of the hospital-based educator.

The fourth study is by Jean Janklow and Rusti Moore in 1981. They interviewed forty-five managers in one hospital concerning the effectiveness of the education department. The interviews covered three main areas of the education department: functions, services and programs, and personnel. They selected eleven common concerns for discussion.

The study would be an excellent first step in a needs survey; however, it appears, no follow-up work was done. Additionally, the survey did not deal with hospital goals, certification of personnel, patient education or education evaluation. This is not to say that follow-up in these areas will not come in the future; however, the authors did not make that point as part of their survey.

The fifth study was done by Training Magazine and reported by Ron Zemke in 1982. The study was done by interviewing "the best and brightest in the field." This

study is not specifically designed for hospital human resources development programs, but his ideas are pertinent for any education department in the health care setting.

This study is presented from the negative point of view. He lists ten errors which one can make in the human resources field which will undermine the education effort. The only weak area of this study is the lack of information on planning, presentation, and evaluation. Additionally, as was suggested above, this study was not hospital specific, which would have to be listed as a limitation for this paper.

In conclusion, these five studies should not be looked upon as weak or inconclusive; however, it is felt that each could be more inclusive of the functions and responsibilities of the hospital-based education program.

CHAPTER III

METHODOLOGY

The procedure for this study took place in three parts. The first was to develop an instrument to measure the perception of effectiveness in those areas which apply to the quality of a hospital education program. The second phase was to administer and score the instrument. The third phase was to interview key administrative and educational personnel at each hospital concerning the results of the survey as they applied to the individual education areas, and the degree to which it corresponded to their own perceptions.

I. DESCRIPTION OF THE INSTRUMENT

A forty-eight (48) statement Likert-type instrument using rating categories from Strongly Agree to Strongly Disagree evolved from a list of characteristics which make an effective hospital education program. This instrument was given the acronym WHIPS, which stands for Whitesell's Hospital Instructional Program Survey. The list of sixteen characteristics is further divided into two general categories: program purpose, and organization and administration. The purpose of this design is to show strengths and weaknesses in general and specific categories.

The list was developed from a previous study done by

the researcher as well as literature in the field, including such sources as Hospitals (Journal of the American Hospital Association), Cross-Reference on Human Resources Management (Journal of the American Society of Health Educators and Trainers), "Training" (The Magazine of Human Resources Development), "Health Services Manager" (Magazine for Hospital Administrators), and Dimensions in Health Service (Journal of the Canadian Hospital Association).

In the initial stages of this study, twenty characteristics were defined. However, after further refinement, four of these characteristics were assimilated into other existing characteristics due to duplication in the content area.

There are three statements, two positive and one negative, for each of the sixteen characteristics throughout the WHIPS. The sixteen characteristics and each of the statements used in the survey to measure that particular characteristic are as follows:

1. The Education Program should reflect the goals of the hospital.

   a. The Education Departments programs have traditionally reflected the primary mission of the hospital.

   b. The Education Program is a direct result of Joint Commission on Accreditation of Hospitals (JCAH) surveys.

c. I do not feel the current education programs reflect the major goals of the hospital.

2. Programs should be relevant to the needs of the employees.

a. The hospital education programs meet my job-related educational needs.

b. The Education Department solicits my input in program planning.

c. In my opinion, program planning is dominated by what has been offered in the past.

3. The Education function should provide programs which meet updating certification required by accrediting agencies.

a. The Education Department is not familiar with my certification requirements.

b. The Education Department considers my certification up-date when developing new programs.

c. I inform the Education Department of changes in my certification requirements.

4. The Education function should provide programs for patient education.

a. Our Patient Education Program is adequate.

b. Patient education programs are rarely coordinated through the Education Department.

c. The Education Department provides a schedule of

patient education programs in advance.

5. Educational programs should help hospital personnel cope with change.

   a. The Education Department keeps current on policy and regulation changes which affect me.

   b. The Education Department presents educational programs to insure my understanding of regulation and policy changes.

   c. The Education Department rarely seeks feedback from me in order to learn about changes in my field which will affect other staff members.

6. Educational Programs should exist as a management tool to help solve organizational problems.

   a. The Education Department is familiar enough with the hospital organization so that it can foresee problem areas.

   b. The Education Department rarely initiates staff education programs which could help solve management problems.

   c. In my opinion, the administration demonstrates confidence in the Education Department's ability to help solve management problems.

7. The Education function needs to provide administrative assistance to the affiliation education programs found in the hospital.

   a. Background materials about the hospital are sent

to affiliation students prior to their arriving at the hospital.

b. A member of the Education Department staff is clearly identified as the coordinator for affiliation students.

c. Evaluations of the affiliation experience are only occasionally received from all who are involved.

8. The Education function should serves as a coordinator for the educational expertise found in the hospital.

a. The Education Department maintains a complete list of possible instructors in various fields of expertise found in the hospital.

b. The Education Department has asked me for my areas of expertise in order to be placed on file for future reference.

c. The Education Department rarely makes use of local experts for instructional purposes.

9. The Education Department should prepare, conduct and evaluate training, with equal emphasis on all three areas.

a. The education programs are well planned.

b. My evaluation of Education Department programs seldom lead to constructive changes in programming.

c. I am provided the opportunity to evaluate each Education Department program in which I am involved.

10. The Education function should have facilities for individual training.

    a. The Education Department has facilities for individual training.

    b. The Education Department seldom assists me in my specific training needs through individualized training.

    c. The Education Department has helped me learn new skills in my field through individualized training.

11. Long term training schedules should be made, published and distributed throughout the hospital.

    a. A long-term training schedule is developed on a regular basis by the Education Department.

    b. I know where to find staff notification of the training schedule.

    c. I seldom read the training schedule.

12. The Education function should provide a mechanism for feedback to instructors concerning presentation of subject matter.

    a. I am rarely invited to evaluate the education programs in which I am participating.

    b. The Education Department provides each instructor with feedback on his/her course content.

    c. The Education Department provides each instructor with feedback on his/her teaching technique.

13. The Education function should maintain a list of local schooling available, admission requirements and where tuition assistance can be found.

    a. The Education Department provides information on education opportunities in the local area.

    b. The Education Department rarely has class schedules for local schooling in my field.

    c. The Education Department is knowledgeable concerning availability of tuition assistance.

14. The Education function personnel have access to other sections and top management of the hospital on an uncomplicated, natural and expected basis.

    a. Education Department personnel can come into my work area without generating anxiety.

    b. I seldom see Education Personnel assisting with specific area problems found in the hospital.

    c. Top management sees the Education Department as rendering an important service.

15. The ultimate aim of the Education Programs is to help all employees do their best on the assigned job.

    a. The Education Department's major role is improving employee performance.

    b. The Education Department helps me understand the importance of my job.

    c. The Education Department spends most of its training time on subjects that have little bearing

on my job.

16. The Education function should encourage use of such techniques as case studies and role playing.

a. The Education Department programs emphasize actual hospital problems that I have experienced.

b. The Education Department programs that I have attended are mostly lecture.

c. The Education Department programs often use case studies or role playing in the presentations that I have attended.

The instrument was administered to one hundred and twenty-one (121) people who were knowledgeable about the individual hospital education function in which they participated, such as section education coordinators, employees who have just finished a block of instruction and personnel who attend administrative or committee meetings. The goal was to receive input only from those personnel who are involved with education either as instructors, students, education coordinators or administrators to insure that the data obtained was as meaningful as possible.

Both hospitals used the decentratlized mode for education, having separate staff development and nursing education departments. This required that each of the four education areas was surveyed separately. Additionally, because each of the education departments and the hospitals themselves are organized differently, the surveying was done

to accommodate each area, and not to interfere with the day to day operation of the hospital. Therefore, there were some differences in the survey method, none hopefully, that would affect the outcome of the survey. The only requirement, as stated above, was that individuals who participated in the study were knowledgeable about the department and program in which they were surveyed. Because of these differences, each survey explanation in this study is written separately in order to provide continuity.

II. EVALUATION OF VALIDITY AND RELIABILITY

Validity. In order to establish content validity for instrument construction, Van Dalen (1979) suggests four steps: content of the area to be analyzed, the structure of the instrument to be representative of the various aspects of the content, use knowledgeable people to rate the instrument, then pool their judgements, and finally compare the content of the program with the results provided by the instrument. This pattern was followed to establish content validity for the instrument used in this study. The composition of the instrument was based on an analysis of the literature in the content area of hospital education. (See Review of Literature p. 12). Based on this analysis of the content area, the instrument was then structured to represent the sixteen characteristics found in the content area. Additionally, the individuals who participated in the survey were assumed to be knowledgeable in the field of

hospital education. (See Description of Study Sample p. 69). Their judgements were then pooled in the scoring of the instrument. The final step to provide validity for the instrument was to interview key personnel from the education departments and hospital administration. The focus of the interviews was to ascertain from the perception of the interviewee, if the results of the survey provided a true reflection of the education department in which he is involved (p. 136). If he did not agree, then the researcher tried to find out where the discrepancy was, and, if possible, what caused it. These interviews are discussed in detail in the Interview Section of this chapter.

Reliability. The instrument was designed with three similar statements for each of the sixteen characteristics. These statements were dispersed throughout the instrument while one of the three statements was written in the negative. This technique provided an estimate of equivalence reliability (p. 139). (See following section for details.)

Pilot Tests. In order to ascertain the usability of the instrument, it was pilot tested at two hospitals in Baton Rouge, Louisiana: Doctor's Hospital and Our Lady of the Lake Regional Medical Center. These two hospitals were selected for this study because of their diversity in capabilities and difference in size. Doctor's Hospital is presently operating less than one hundred beds while Our

Lady of the Lake is operating more than four hundred beds. Both hospitals, however, have education departments organized in the centralized mode.

The procedure at both hospitals was to administer the instrument to personnel who were presumed to be familiar with the Education Department. Following this the participants were asked to write their comments in reference to the instrument, particularly in any area which caused confusion.

In general, the comments were favorable and the participants were of the opinion that the instrument was thorough and well organized. However, comments were made that the instructions were unclear concerning what the researcher wanted to establish: i.e., what should be done in the education function or what was actually being done. This comment was considered to be valid and a correction to the instructions was made on the final copy of the instrument to insure the intent was a measure of their attitude toward the present program.

Other comments were noted: one individual did not like the negative statements on the instrument, three individuals from one hospital did not feel certification information should be a part of the education function, and one individual thought the instrument was difficult to interpret. In general, these comments were disregarded, the first on the grounds of reliability, because the negative

statements prevent an individual from giving all statements the same score without reading the statement. The second was also disregarded because the literature is replete with information which points out the importance of having the education function involved in certification. The third comment was not considered valid because it was the only remark of its kind, unless the individual was referring to the comment about the instructions which were changed.

In order to test the reliability of the instrument, the split half reliability coefficient (Runyon and Haber, 1980. p. 124) was entered into the Spearman-Brown prophecy formula (Van Dalen, 1979. p. 140) to obtain an estimate of the reliability for the entire instrument. The reliability coefficients were .83 for Doctors Hospital and .80 for Our Lady of The Lake Regional Medical Center. For the purposes of this study, the reliability coefficients were deemed to be satisfactory.

The characteristic dealing with affiliations was consistently rated in the "uncertain" category at both hospitals. It was, however, decided to leave these statements in the instrument because the literature strongly suggested the importance and advantages of having the education department involved with the administration and coordination of affiliations.

The major results of the pilot test were changes in the instructions of the instrument and satisfactory reliability

coefficients.

Control of the instrument. In order to insure maximum participation, the researcher personally distributed and collected all instruments. This insured that the person who was provided the instrument was the individual who provided the information. Additionally, all instruments were numbered in order to provide accountability, as a result all instruments that were distributed were collected. However, before the instruments were distributed, they were shuffled in order that the anonymity of the participant was protected.

III. SCORING OF THE INSTRUMENT

The forty-eight statement survey was placed on a Likert Scale from strongly agree to strongly disagree. One point was used to represent strongly agree through five points for strongly disagree. To insure against a participant responding with only one answer throughout the entire instrument, one of the three statements was written in the negative. For ease of scoring, the statements that were written in the negative were inverted as though they were positive and likewise the scores were inverted to reflect a positive statement. An example: the original statement was, "I seldom read the training schedule." The score was 'four' reflecting the disagree category. This score would then be written as two, or the agree category.

The raw data for each individual participant obtained

from the Likert Scale were combined by totaling the raw score for each of the three statements for every characteristic to form a composite score for each participant. This procedure increased the scale from three points for strongly agree on all these items to fifteen points for strongly disagree on all these items. The data were further grouped according to hospital: BRGH or USACH, as well as by profession: nurses and administrators. Once all the raw data was recorded, the characteristics were divided by the two areas of "program purpose" and "organization and administration."

The mean and standard deviation were next calculated for each of the characteristics by hospital and professional group. (See Appendix B for specific results by individual hypothesis). From this data the difference between means and the standard error of the difference was computed by using formula 56b (Garrett 1971, p. 214). This was followed by ascertaining the two independent sample "t" statistic (Glass and Stanley, 1970. p. 295.) calculated by dividing the difference between the means by the standard error of the difference. The "t" statistic was selected as the procedure of choice because it provided a convenient method to calculate the significant differences. In order to determine if a significant difference existed the "t" statistic was tested at the .05 level of confidence for a two-tailed test. For this purpose table "C" (p. 379) in

Runyon and Haber (1980) was used.

IV. AGENCY SETTING

Baton Rouge General Hospital: Staff Development. The Director of Staff Development retired in August of 1982, and he was never replaced. The Chief Instructor was made Acting Director until May 1983, when he resigned with the intention of returning to school. At this writing no new director has been selected for the vacant position. The program, none the less, has been maintaining the "status quo" by the use of consultants and a strong organization of section education coordinators. The survey and interview for this study were conducted prior to the departure of the Acting Director.

Baton Rouge General Hospital (BRGH) is organized so that the Director of Staff Development reports to the Vice-President for Human Resources who in turn reports to the Executive Vice-President who is the administrator.

For the past eight months the Acting Director of Staff Development has been the project officer for a telephone communication system transfer which has caused a de-emphasis on staff development programs per se and an emphasis on staff orientation to the new hospital-wide communication system.

Baton Rouge General Hospital: Nursing Education. Prior to August 1982 the nurse instructors were under the control of the Vice-President for Nursing Service, but with little

or no supervision. Also, Patient Education was not organized or coordinated. However, in August of 1982 a Director for Nursing Education was hired for the express purpose of reorganizing the department, with a completion date of October 1, 1983. Concurrently, the BRGH was starting a nursing school and some of the nursing education staff had elected to transfer to the new nursing school.

Nursing education and patient education are the main responsibilities for the Nursing Education Department. At this writing, the staff includes a director and six clinical instructors. There is no separate section for patient education, and some instructors work in both clinical and patient education.

The Director of Nursing Education reports directly to the Vice-President for Nursing Service who in turn reports to the Executive Vice-President.

U.S. Army Community Hospital, Fort Polk: (USACH) Plans, Operations and Training. The Plans, Operations and Training (PO&T) Division is staffed by one officer, a captain, two Non-Commissioned Officers (NCOs) and a civilian clerk typist. The officer is new to the position as of March 1983, having just finished the Advanced Course for Army Medical Department Officers. Change in the military, however, is expected and the transition apparently did not affect the job performance of the division, particularly since both NCOs are experienced in their positions.

The Chief PO&T reports directly to the Executive Officer, who is the hospital administrator. Additionally, the executive officer is experienced in PO&T and has done much to insure the smooth transition of the new officer.

At this writing the entire hospital is preparing to move to a new facility, which will be accomplished by August of this year. Preparation for this move occupies most of the training time that is not involved with mandatory Army training, such as Physical Fitness Tests and Field Training Exercises.

USACH, Fort Polk: Nursing Education. The Nursing Education Department is staffed by two officers, a major and a captain, three NCOs and one civilian clerk typist. The department is divided into two sections, nursing in-service education and patient education. The Chief of Nursing

Education reports to the Chief of Nursing Service who in turn reports to the Chief of Professional Services who would be the equivalent to the Chief of Staff in a civilian hospital.

Presently, most of the training, other then mandatory subjects, is designed to acquaint nursing personnel with the proper use of equipment found in the new hospital.

V. DESCRIPTION OF THE STUDY SAMPLE

BRGH: Staff Development. The study sample for Staff Development at BRGH was composed of eighteen education coordinators, twelve administrators and one secretary. The education coordinators represented most of the sections of the hospital to include ancillary care areas, nursing care areas and administrative areas. The administrators were personnel who, for the most part, reported to the Vice-President for Human Resources. Other administrators included consultants who were familiar with Staff Development, instructors, a coordinator for an affiliation program, and a secretary who was the past secretary for Staff Development. The average time on the job was three and one half years, with the high being more than seventeen years and the low being less than one year.

USACH, Fort Polk: PO&T. The study sample at the Fort Polk Community Hospital for Plans Operations and Training was composed of thirty administrative personnel. The

personnel who participated consisted of all administrative division chiefs, Chief of Social Work Service, the hospital chaplain, one assistant division chief, the hospital unit commander, the unit First Sergeant, all the duty personnel at PO&T, instructors, all non-commissioned officer personnel from the Patient Administration Division and two senior civilians from the Personnel Division. The average years in the present position were 3.925 with the high being more than sixteen years and the low being less than one year.

USACH, Fort Polk: Nursing Education. The study sample for Nursing Education at Fort Polk was composed of thirty nursing service personnel. Participants in the survey included ward nurses and ward masters from the following wards: Obstetrics, Pediatrics, General Medicine, Surgery, Psychiatry, Intensive Care and Recovery. Additionally, the Emergency Room Nurse, two Emergency Room NCOs, Nursing Education personnel, and Nursing Administrative personnel to include the Chief Nurse and the Chief Ward Master participated in the survey. The average years in the present position were 3.04 with a high of more than thirteen and a low of less than one year.

BRGH: Nursing Education. The study sample for Nursing Education at BRGH was composed of thirty nursing service personnel. Participants in the survey included floor supervisors and team leaders from the Medicine and Surgery Floors. Additionally, the clinical nursing instructors and

nurse administrative personnel, including the Vice-President for Nursing Service participated. The average years in the present position were 10.6 years with a high of more than thirty years and a low of less than one year.

VI. PROCEDURES

General Information. Prior to the administration of the instrument to a participant, either in groups or individually, an introductory explanation was provided by the researcher. This introduction was written on a five by eight card to insure standardization. Some modifications, however, were made to this procedure in certain situations, such as, when the survey participant knew the researcher or was familiar with the project. The introductory remarks were words to this effect:

> "My name is Tom Whitesell and I am a doctoral candidate at LSU. I am also an Army Hospital Administrator, thus my interest in hospital education. I would like your help in giving your honest opinion to the statements on this instrument. Please be assured that my intent is one of a helping person. Additionally, the Administration is aware of my project and has agreed to help by allowing me to survey you during your duty time. Finally, I want to guarantee your anonymity. You may question the number on the instrument. This is provided for accounting

purposes only. Thank you for your help and cooperation, it is greatly appreciated."

BRGH: Staff Development. The procedure for surveying Staff Development at BRGH was in two phases. In the first phase the researcher presented the instrument to the monthly meeting of the Education Coordinators. The introductory instructions were provided by the researcher, then the instrument was distributed. Upon completion, the instruments were placed in a box. The second phase was to individually survey selected administrators provided from a list that was given to the researcher by the Acting Director of Staff Development. The researcher contacted each of these administrators individually and requested that they respond to the instrument.

USACH, Fort Polk: PO&T. The procedure for surveying PO&T at Fort Polk Army Hospital was in two phases. In the first phase the researcher was invited to present the instrument to the weekly meeting of the principal administrative staff. The second phase was to individually, or in small groups, survey other staff members who were instructors, students or were otherwise knowledgeable about the education program. A cross-section of officers, enlisted personnel and civilians participated in the project.

USACH, Fort Polk: Nursing Education. The procedure for surveying Nursing Education at Ft. Polk was, while

accompanied by the Chief of Nursing Education, the researcher went to the work area of ward nurses, wardmasters, administrative nursing personnel and nursing education personnel. At each station the introductory information was provided, then the instrument was distributed. Approximately one half hour later the researcher collected the instruments.

BRGH: Nursing Education. The procedure for surveying at Baton Rouge General Hospital was as follows: While accompanied by the Director of Nursing Education, the researcher went to the nursing stations where the nurse supervisors were located and to the offices of the nurse administrators. The introductory remarks and distribution of the instrument were made individually and in small groups. Approximately forty-five minutes later the researcher collected the completed instruments. Additionally, a meeting of the clinical nurse instructors was held in one of the classrooms. The introductory remarks were made and the instruments were distributed. Upon completion of the instrument they were placed in a box and the personnel returned to duty.

VII. INTERVIEWS

The interviews were conducted with key administrative and educational persons in order to ascertain if the results of the survey corresponded to the perceptions of these executives and if the instrument reflected the important

areas of an effective hospital education program, as perceived by the eight personnel who were interviewed.

Those who participated in the interviews were: The Director of Staff Development and his supervisor, the Vice-President for Human Resources at BRGH; the Chief of Plans, Operations and Training, and his supervisor, the Hospital Executive Officer at USACH; The Director of Nursing Education and the Vice-President for Nursing Service BRGH, and the Chief of Nursing Education and the Chief Nurse at USACH.

The interviews were conducted individually. Each participant was provided a copy of the results of the survey broken down by the three component statements which composed each of the sixteen characteristics. Each characteristic and each statement was reviewed individually to demonstrate the strengths and weaknesses of the education program as reflected by the survey. This was followed by the researcher showing bar graphs which compared the two hospitals. When this part of the interview was completed, the researcher asked two questions of each of the participants and copied the reply. These questions were: (1) "Do you think the results of the survey accurately reflected the education department of your hospital? If no, in what areas do you think the results are inaccurate, and why?" and (2) "In your opinion does the instrument reflect the important areas necessary for an effective hospital

education program? What areas should be deleted? What areas should be added?" and "Any other suggestions for improving the instrument?"

The results of the interviews basically were consistent for each hospital and in both areas of education. All the participants were of the opinion that the results reflected the education program at the hospital and the specific area in which they were responsible. Also, they agreed the instrument reflected the characteristics which are necessary for an effective hospital education program. Other comments were as follows: (1) It is important to insure that your staff knows what is being done throughout the hospital. (2) Some of the statements in the instrument did not apply to them because of the administrative organization of their hospital, and (3) Community education should be one characteristic and patient education should be another. However, most of the interview participants made some comment indicating the instrument was the best and most inclusive of any they have read about or seen.

CHAPTER IV

ANALYSIS OF THE DATA

The eight characteristics which were combined to compose each of the six hypotheses were tested at the .05 level of confidence using a two independent sample "t" test (two-tailed test) where the statistical method used to determine significance was the two sample independent "t" test. This t-test statistic was calculated by a three step operation. First, the difference between the means was ascertained. Second, the standard error of the difference was calculated, and finally, the difference between the means was divided by the standard error of the difference.

I. HYPOTHESIS NUMBER ONE

The null hypothesis is that there is no significant difference between the two hospitals in terms of the eight characteristics of program purpose as evaluated by both administrators and nurses. Since there was no significant difference in the eight individual characteristics the null hypothesis failed to be rejected.

Figure 1 found on the following pages and Appendix B-1 display graphically and in a table format the relative similarity of both hospitals in this area as evaluated by both administrators and nurses. This figure shows the mean and standard deviation for each individual characteristic

with a sample size of one hundred twenty-one, sixty-one for BRGH and sixty for USACH.

Figure 1. MEAN AND STANDARD DEVIATIONS OF THE EIGHT INDIVIDUAL CHARACTERISTICS FOR PROGRAM PURPOSE AS EVALUATED BY ADMINISTRATORS AND NURSES.

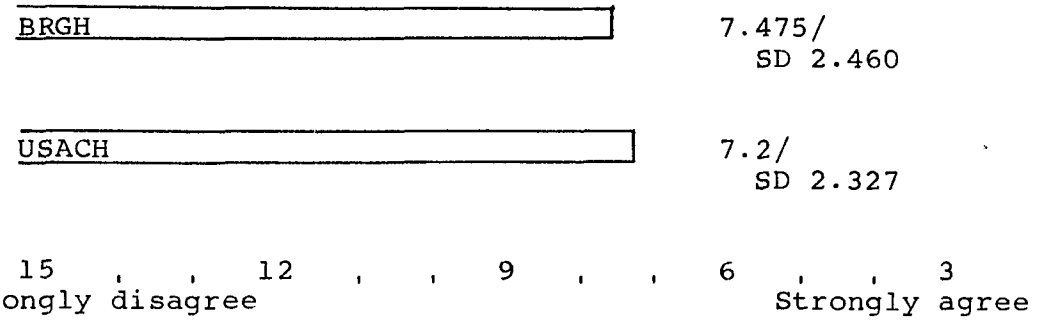

Figure 1a. The education function reflects the goals of the hospital.

"t" statistic = .632

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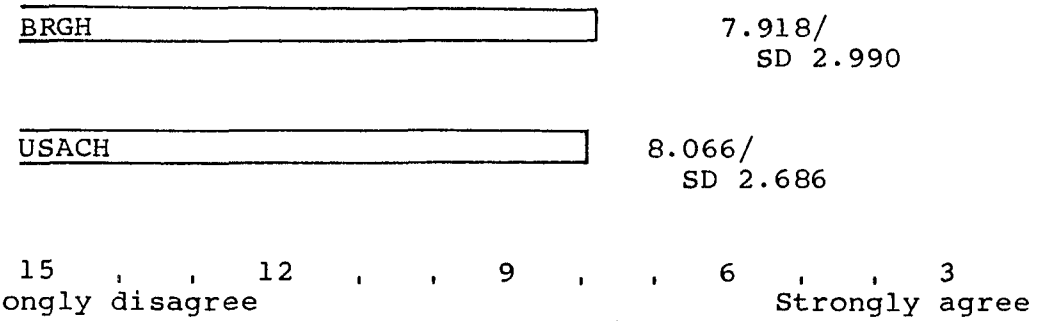

Figure 1b. The education programs are relevant to the needs of the employees.

"t" statistic = .286

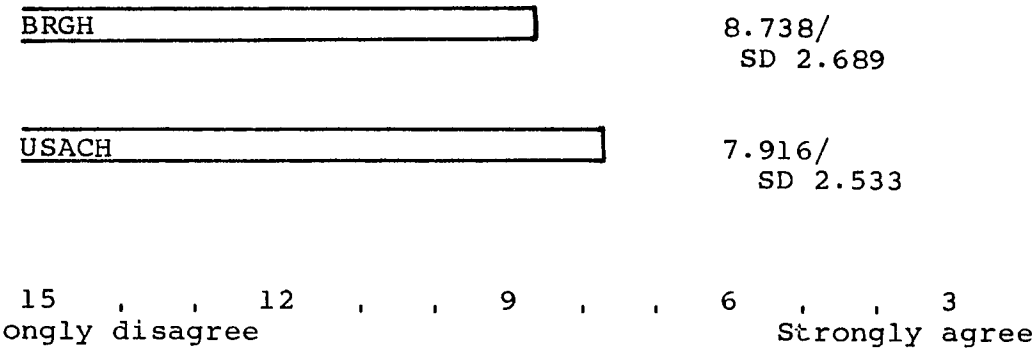

Figure 1c. The education function provides programs which meet certification required by accrediting agencies.

"t" statistic = 1.734

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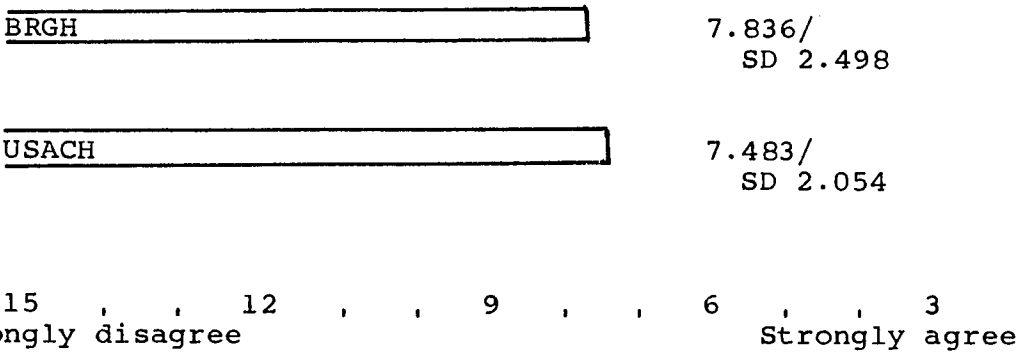

Figure 1d. The education function provides programs for patient education.

"t" statistic = .851

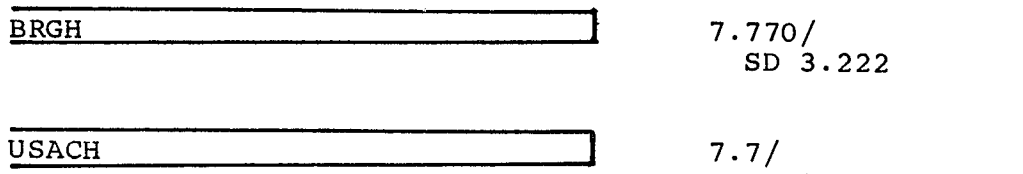

Figure 1e. The education function helps hospital personnel cope with change.

"t" statistic = .124

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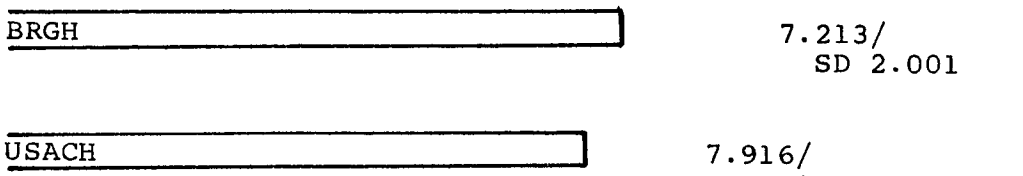

Figure 1f. The education function provides feedback to instructors concerning presentations of subject matter.

"t" statistic = 1.706

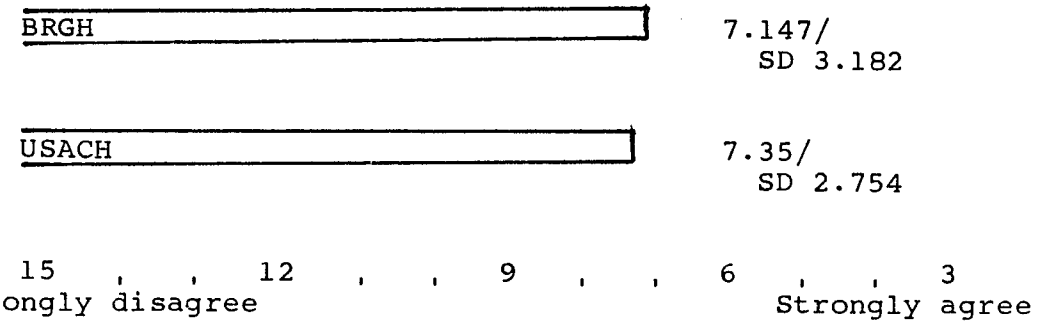

Figure 1g. The ultimate aim of the education function is to help all employees do their best on the assigned job.

"t" statistic = .375

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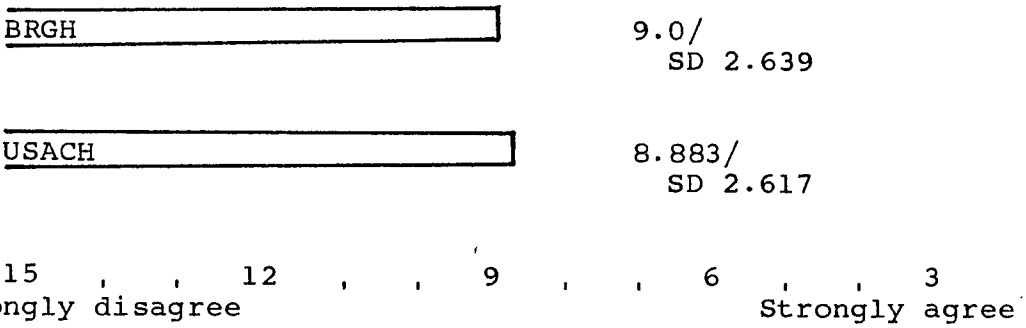

Figure 1h. The education function encourages such teaching techniques as case studies and role playing.

"t" statistic = .245

II. HYPOTHESIS NUMBER TWO

The null hypothesis is that there is no significant difference between the two hospitals in terms of organization and administration as evaluated by both administrators and nurses.

An analysis of the data which composed the area, showed that three of the specific characteristics demonstrated a significant difference. Additionally, six of the eight characteristics showed that USACH has a slightly stronger overall program in the area of organization and administration. However, it should be noted, that both programs fall within a close proximity of the agree range. BRGH, however, is between the agree and the undecided range. Both standard deviations show a similar spread of scores around the mean.

The first characteristic which showed a significant difference dealt with the administration of education affiliations found in the hospital. The survey reflected a mean of 7.683 for USACH and 9.196 for BRGH. The standard deviation was 2.110 and 2.080 for USACH and BRGH respectively. The "t" statistic was 3.97 for 119 degrees of freedom which was greater than 1.98, therefore the null hypothesis was rejected at the .05 level of confidence. From this data it is interpreted that there was a significant difference between hospitals for this characteristic. However, both hospitals mean scores fall

within the undecided range with USACH close to an agree score. Both standard deviations show a similar spread of scores.

The second characteristic which showed a significant difference dealt with maintaining information on available local schooling. The survey reflected a mean of 6.883 for USACH and 8.016 for BRGH. The standard deviation was 2.579 for both USACH and BRGH. The "t" statistic was 2.522 for 119 degrees of freedom which was greater than 1.98, therefore the null hypothesis was rejected at the .05 level of confidence. The data is interpreted to mean there is a significant difference for this characteristic. USACH was in the agree range, while BRGH recorded a mean score in the undecided range. Both standard deviations were exactly the same, therefore the spread of scores around the mean was similar.

The third characteristic which showed a significant difference dealt with the education department as a management tool to help solve organizational problems. The survey demonstrated a mean score of 7.366 for USACH and 8.262 for BRGH. The standard deviation was 2.321 and 2.483 for USACH and BRGH respectively. The "t" statistic of 2.05 for 119 degrees of freedom was greater than 1.98, thus rejected the null hypothesis at the .05 level of confidence. The data interpretation is that there is a significant difference for this characteristic. USACH scores fall in

the agree range with BRGH in the undecided range. The standard deviations are similar, indicating that BRGH had a slightly larger spread of scores around the mean. Figure 2 found on the following pages and Appendix B-2 display graphically and in table format these similarities and differences. This figure shows the mean and standard deviation for each individual characteristic with a sample size of one hundred twenty-one, sixty-one for BRGH and sixty for USACH.

Figure 2. MEAN AND STANDARD DEVIATIONS OF THE EIGHT INDIVIDUAL CHARACTERISTICS FOR ORGANIZATION AND ADMINISTRATION AS EVALUATED BY ADMISTRATORS AND NURSES.

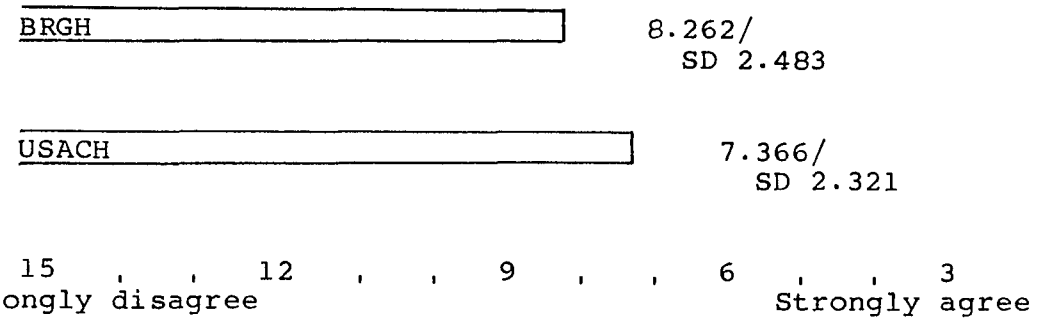

Figure 2a. *The education function exists as a management tool to help solve organizational problems

"t" statistic = 2.05 *Area of Significant Difference

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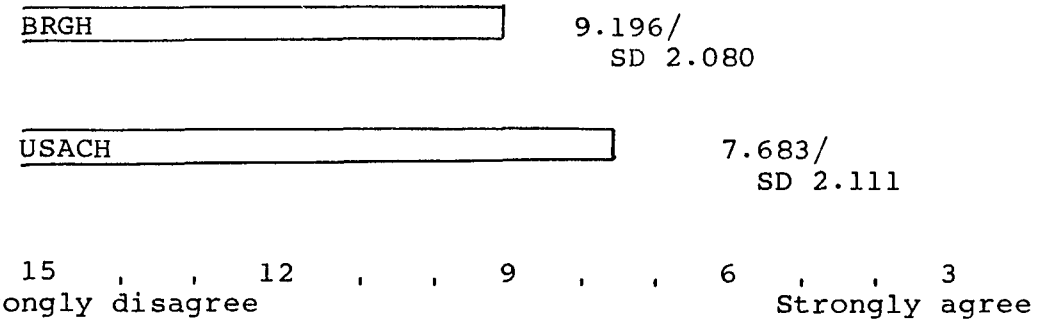

Figure 2b. *The education function provides administrative assistance to the affiliation education programs found in the hospital.

"t" statistic = 3.97 *Area of Significant Difference

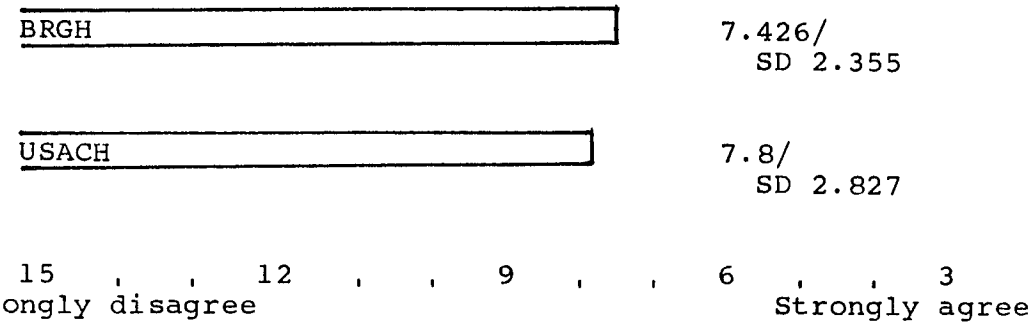

Figure 2c. The education function serves as a coordinator for the educational expertise found in the hospital.

"t" statistic = .790

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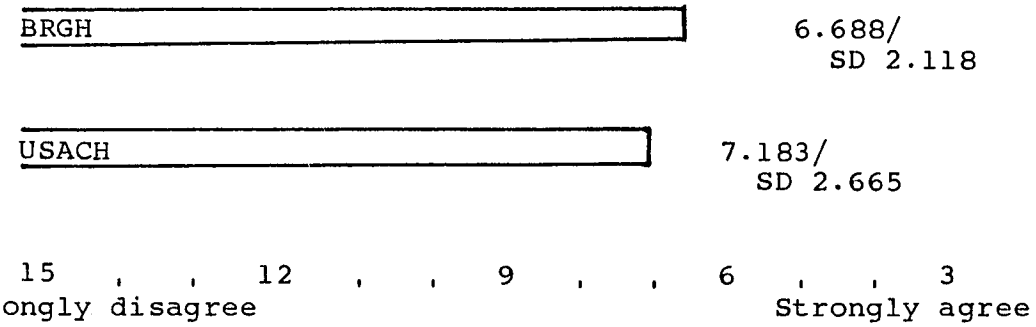

Figure 2d. The education function prepares, conducts, and evaluates training with equal emphasis on all three areas.

"t" statistic = 1.130

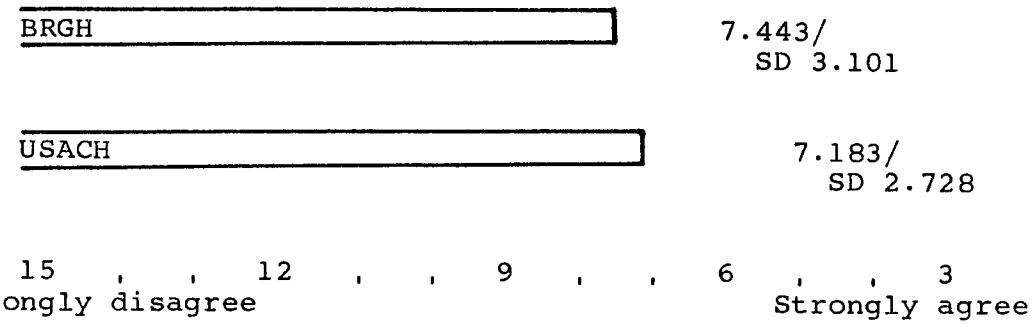

Figure 2e. The education function has facilities for individual training.

"t" statistic = .490

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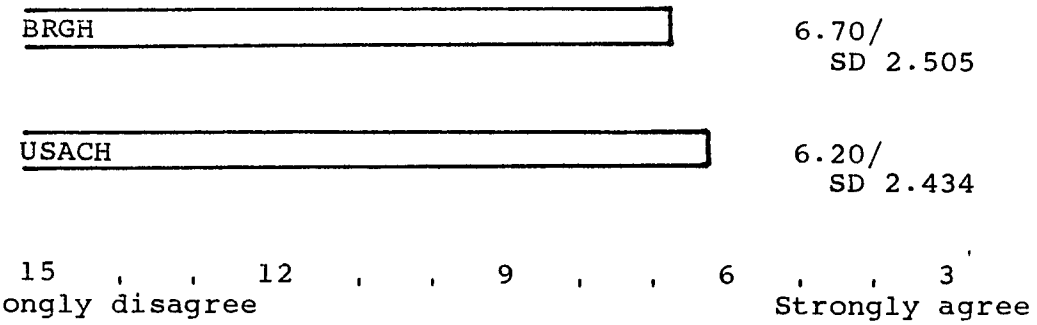

Figure 2f. Long term training schedules are made, published and distributed throughout the hospital.

"t" statistic = 1.113

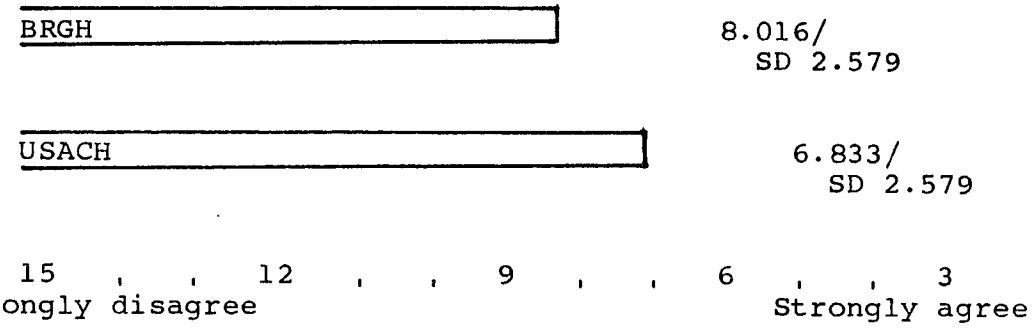

Figure 2g. *The education function maintains a list of local schooling available, admission requirements and where tuition assistance can be found.

"t" statistic = 2.522 *Area of Significant Difference

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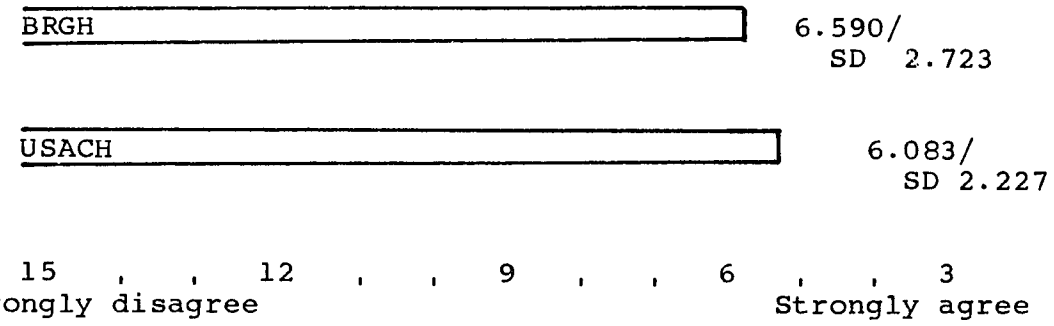

Figure 2h. Education personnel have access to other sections and top management of the hospital on an uncomplicated, natural and expected basis.

"t" statistic = 1.119

III. HYPOTHESIS NUMBER THREE

The null hypothesis is that there is no significant difference between the two hospitals in terms of program purpose as evaluated by administrators.

Two of the eight individual characteristics showed a significant difference. The characteristic "The education function provides programs for patient education" reflected a mean of 7.80 and a standard deviation of 1.882 for USACH, Fort Polk PO&T while BRGH showed a mean of 9.419 and a standard deviation of 2.046. The "t" test showed a figure of 3.218 for 59 degrees of freedom. As a result the null hypothesis was rejected at the .05 level of confidence indicating there was a significant difference in this characteristic. This data is interpreted to mean that the USACH mean score falls between the agree and undecided range, while the BRGH mean score falls in the center of the undecided range.

The characteristic "The education department provides feedback to instructors concerning presentations of subject matter" reflected a mean of 8.8 and a standard deviation of 2.056 for USACH, while BRGH showed a mean of 7.322 and a standard deviation of 1.739. The "t" statistic showed a figure of 2.11 for 59 degrees of freedom, thus rejecting the null hypothesis at the .05 level of confidence. This data is interpreted to mean there is a significant difference in this area. The BRGH mean score is in the agree range, while

USACH is in the undecided range. Both standard deviations are similar, however, BRGH shows the scores are closer to the mean than those of USACH.

The meaning of this data concerning program purpose as evaluated by administrators, is that the two hospital programs are generally alike, their strengths and weaknesses are in similar areas. The two exceptions are in the areas of patient education and instructor feedback.

USACH, Fort Polk, does a slightly better job of providing patient and community education than does BRGH. However, BRGH does a slightly better job of providing instructors with feedback concerning presentations of subject matter. Figure 3 found on the following pages and Appendix B-3 show in graph and table format the comparison for each of the eight characteristics surveyed as part of program purpose. This figure shows the mean and standard deviations for each individual characteristic with a sample size of sixty-one, thirty-one for BRGH and thirty for USACH.

Figure 3. MEAN AND STANDARD DEVIATIONS OF THE EIGHT INDIVIDUAL CHARACTERISTICS FOR PROGRAM PURPOSE AS EVALUATED BY ADMINISTRATORS.

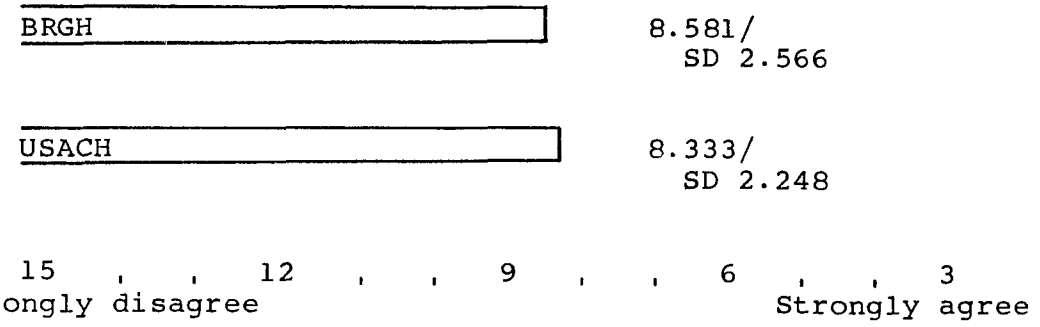

Figure 3a. The education function reflects the goals of the hospital.

"t" statistic = .402

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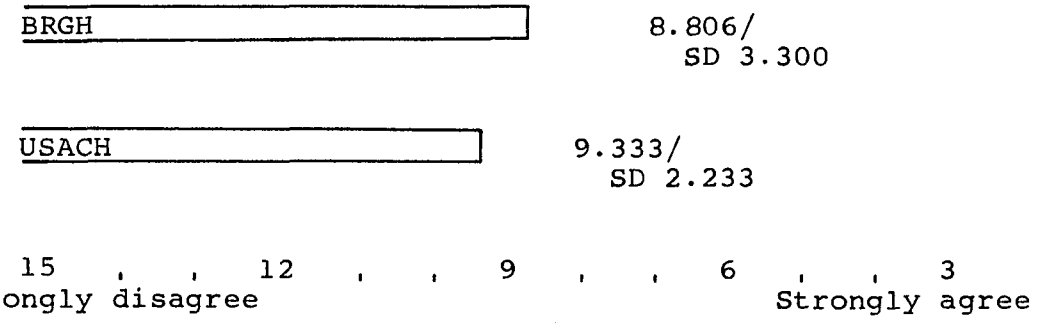

Figure 3b. The education programs are relevant to the needs of the employees.

"t" statistic = .733

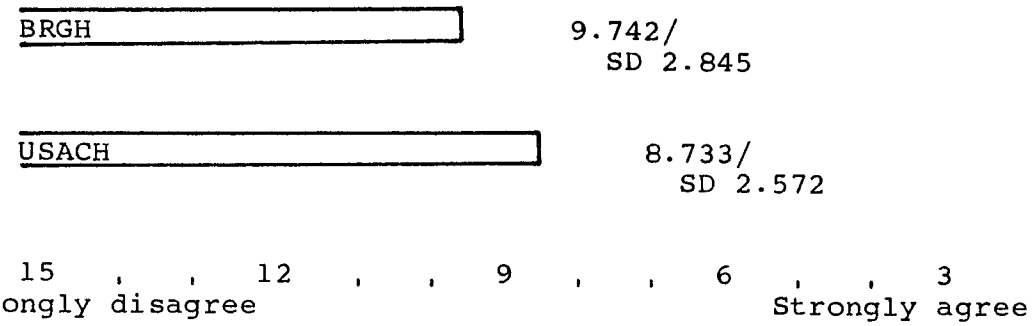

Figure 3c. The education function provides programs which meet certification required by accrediting agencies.

"t" statistic = 1.45

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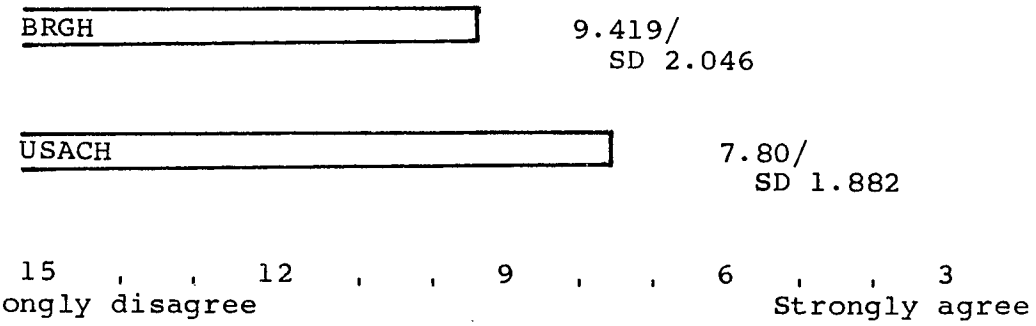

Figure 3d. *The education function provides programs for patient education.

"t" statistic = 3.218 *Area of Significant Difference

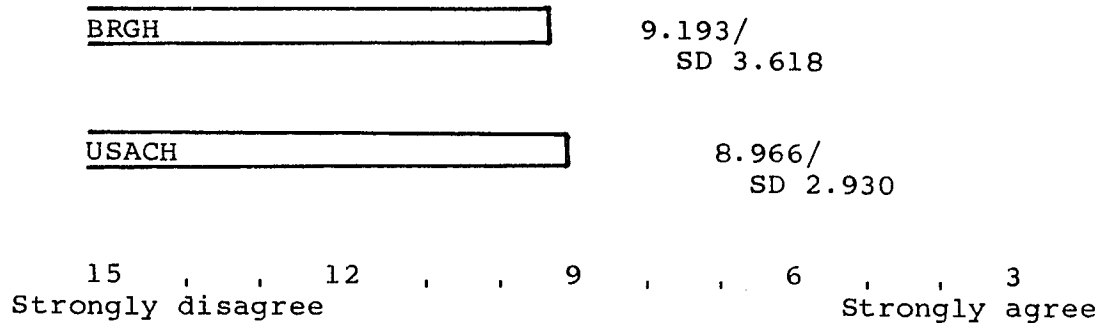

Figure 3e. The education function helps hospital personnel cope with change.

"t" statistic = .269

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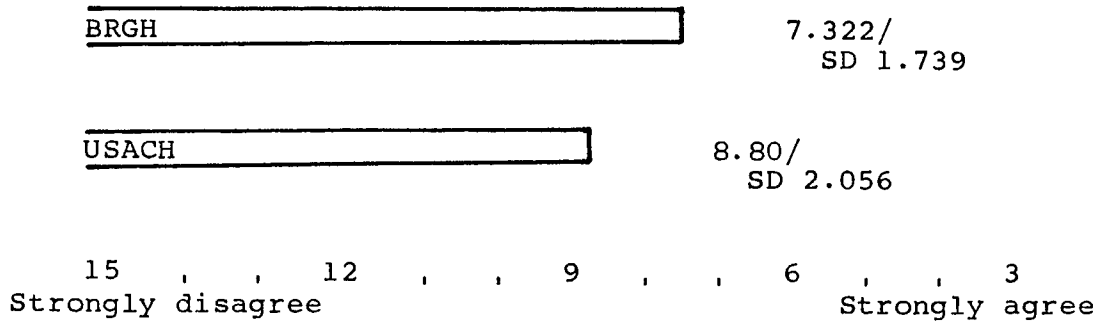

Figure 3f. *The education function provide feedback to instructors concerning presentation of subject matter.

"t" statistic = 2.11 *Area of Significant Difference

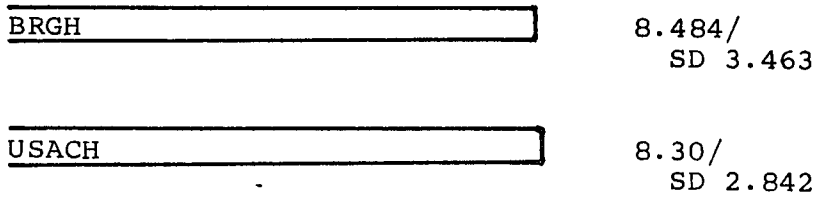

Figure 3g. The ultimate aim of the education function is to help all employees do their best on the assigned job.

"t" statistic = .227

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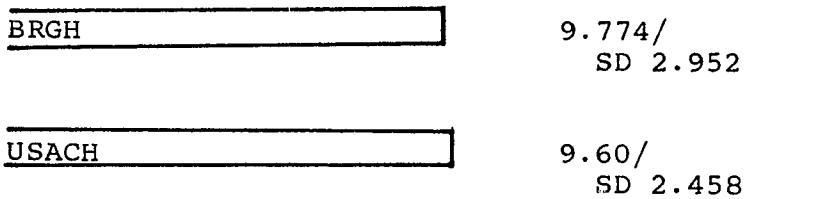

Figure 3h. The education function encourages such teaching techniques as case studies and role playing.

"t" statistic = .251

IV. HYPOTHESIS NUMBER FOUR

The null hypothesis is that there is no significant difference between the two hospitals in terms of program purpose as evaluated by the nurses. Each of the eight characteristics which represented the program purpose area reflected no significant difference between the two hospitals in this area.

The meaning of the data is that in the area of educational program purpose as evaluated by nurses, both hospitals are quite similar. In other words, both hospitals strengths and weaknesses are found in similar areas. Figure 4 found on the following pages and Appendix B-4 graphically and in table form display the relative similarity of the two hospitals in this area. This figure shows the mean and standard deviations for each individual characteristic with a sample size of sixty, thirty for each hospital.

Figure 4. MEAN AND STANDARD DEVIATIONS OF THE EIGHT INDIVIDUAL CHARACTERISTICS FOR PROGRAM PURPOSES AS EVALUATED BY NURSES.

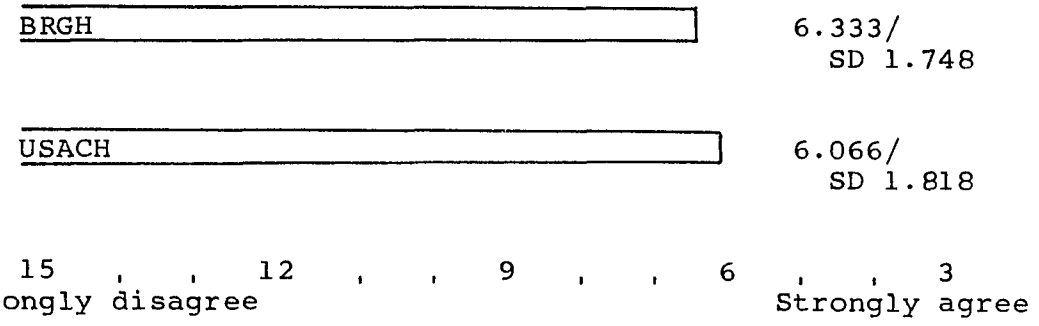

Figure 4a. The education function reflects the goals of the hospital.

"t" statistic = .580

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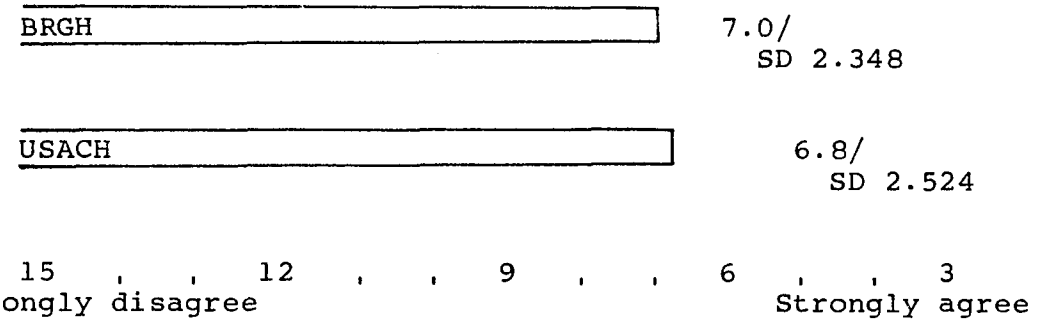

Figure 4b. The education programs are relevant to the needs of the employees.

"t" statistic = .318

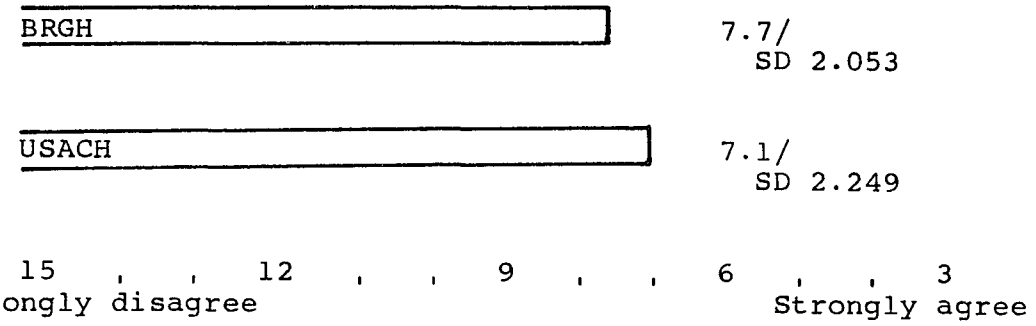

Figure 4c. The education function provides programs which meet certification required by accrediting agencies.

"t" statistic = .341

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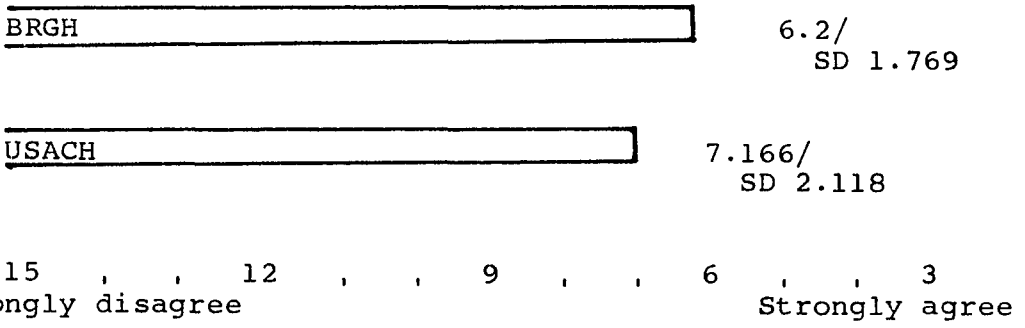

Figure 4d. The education function provides programs for patient education.

"t" statistic = 1.92

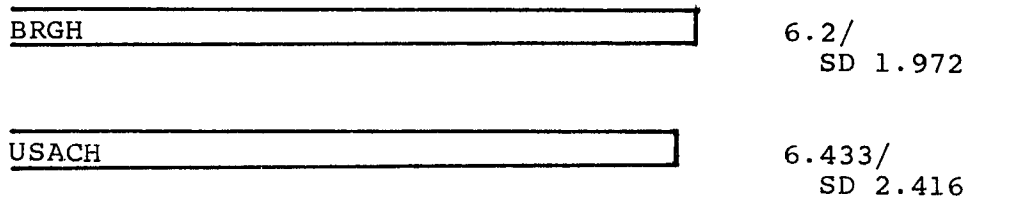

Figure 4e. The education function helps hospital personnel cope with change.

"t" statistic = .409

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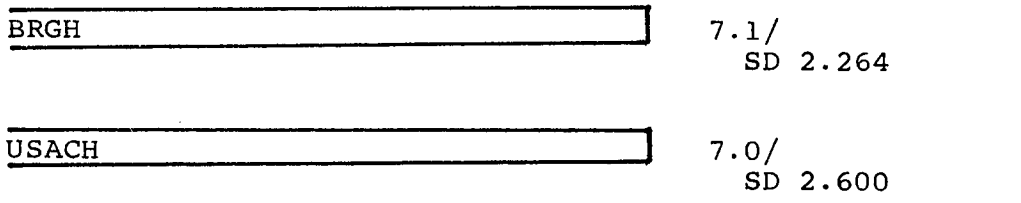

Figure 4f. The education function provides feedback to instructors concerning presentation of subject matter.

"t" statistic = .159

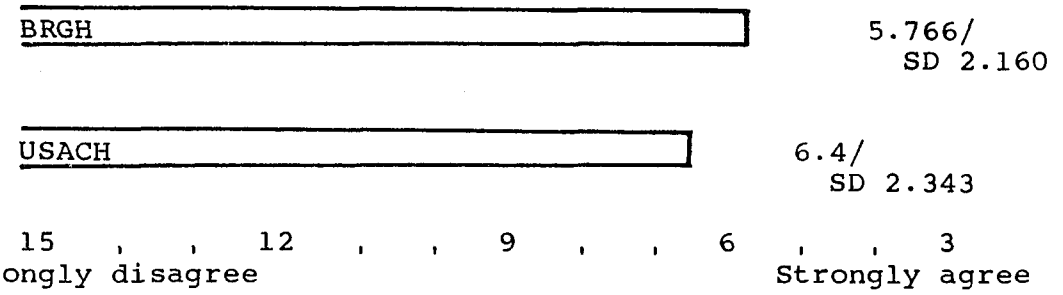

Figure 4g. The ultimate aim of the education function is to help all employees do their best on the assigned job.

"t" statistic = 1.091

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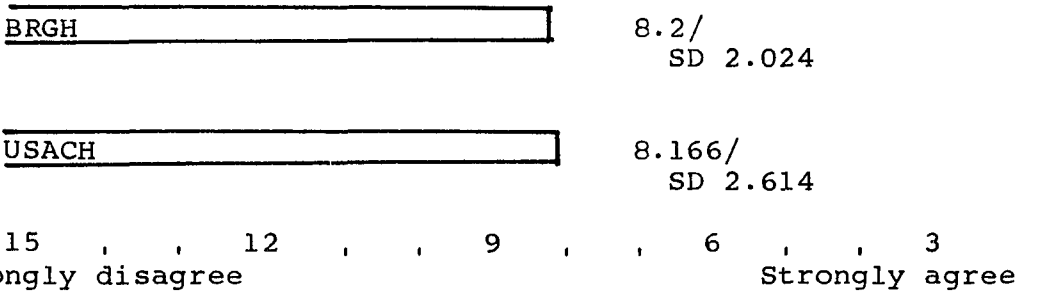

Figure 4h. The education function encourages such teaching techniques as case studies and role playing.

"t" statistic = .056

V. HYPOTHESIS NUMBER FIVE

The null hypothesis is that there is no significant difference between the two hospitals in terms of administration and organization as evaluated by administrators. Three of the eight specific areas tested showed a significant difference.

The first characteristic was, "The education function should act as a coordinator for educational expertise found in the hospital." The mean and standard deviation for BRGH was 6.387 and 2.186, respectively, while USACH showed a mean of 9.133 and a standard deviation of 2.635. It reflected a "t" test statistic of 4.422 for 59 degrees of freedom and, therefore, the null hypothesis was rejected at the .05 level of confidence, indicating there was a significant difference for this characteristic. The data is interpreted to mean that the BRGH mean score falls in the center of the agree range, while USACH mean score falls in the center of the undecided range. The standard deviation for BRGH is more compact around the mean than is the standard deviation for USACH.

The second characteristic was, "The education function needs to provide administrative assistance to the affiliation education programs found in the hospital." USACH showed a mean of 8.2 and a standard deviation of 2.565 while BRGH reflected a mean and standard deviation of 10.161 and 2.051 respectively. The "t" test statistic was 3.290

for 59 degrees of freedom rejecting the null hypothesis at the .05 level of confidence and thus indicating there is a significant difference in this characteristic. The data is interpreted to mean that USACH mean score falls between the agree and undecided range, while BRGH mean score falls between the undecided and disagree range. The standard deviation reflects that the scores for BRGH are more compact around the mean than is the standard deviation of USACH.

The third and final characteristic was, "The education function should prepare, conduct and evaluate training, with equal emphasis on all three areas." BRGH displayed a mean and standard deviation of 7.097 and 2.561, respectively, while USACH demonstrated a mean of 8.433 and a standard deviation of 2.595. The "t" test reflected a score of 2.024 for 59 degrees of freedom which rejected the null hypothesis at the .05 level of confidence and exhibited there was a significant difference found on the survey for this characteristic. The data is interpreted to mean that the BRGH mean score falls in the agree range while USACH mean score falls in the undecided range. The standard deviation showed a similar spread around the mean. Three of the eight specific characteristics did show a significant difference. These areas were: coordinating educational expertise found in the hospital, administration of affiliations, and preparing, conducting and evaluating the education program.

The survey indicates that BRGH has a good program which

coordinates the educational expertise found in the hospital. USACH program in this characteristic appeared to be less effective according to the survey results. Additionally, the survey indicated that USACH is much more involved hospital-wide in dealing with affiliations than is BRGH. Finally, BRGH appears to do a better job than USACH in having programs evaluated by participants. Figure 5 on the following pages and Appendix B-5 graphically and in table form display the comparison for each of the eight characteristics surveyed for organization and administration as evaluated by administrators. This figure shows the mean and standard deviations for each individual characteristic with a sample size of sixty-one, thirty-one for BRGH and thirty for USACH.

Figure 5. MEAN AND STANDARD DEVIATIONS OF THE EIGHT INDIVIDUAL CHARACTERISTICS FOR ORGANIZATION AND ADMINISTRATION AS EVALUATED BY ADMINISTRATORS.

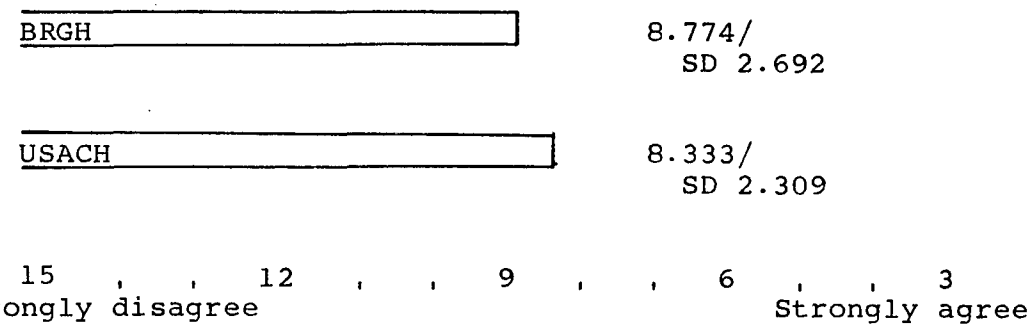

Figure 5a. The education function exists as a management tool to help solve organizational problems.

"t" statistic = .668

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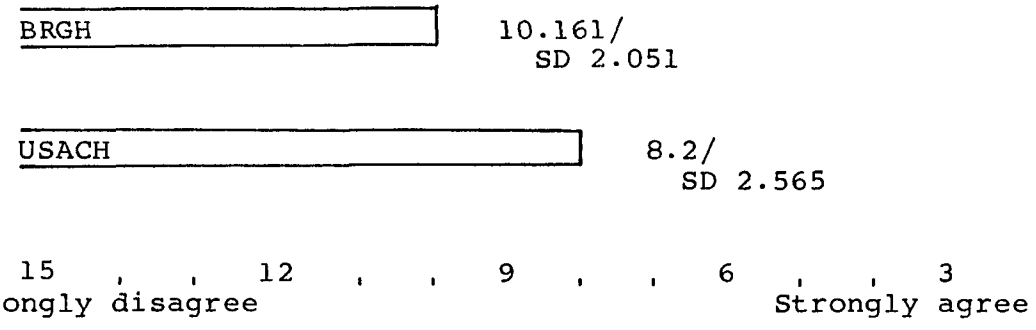

Figure 5b. *The education function provides administrative assistance to the affiliation education programs found in the hospital.

"t" statistic = 3.290 *Area of significant difference

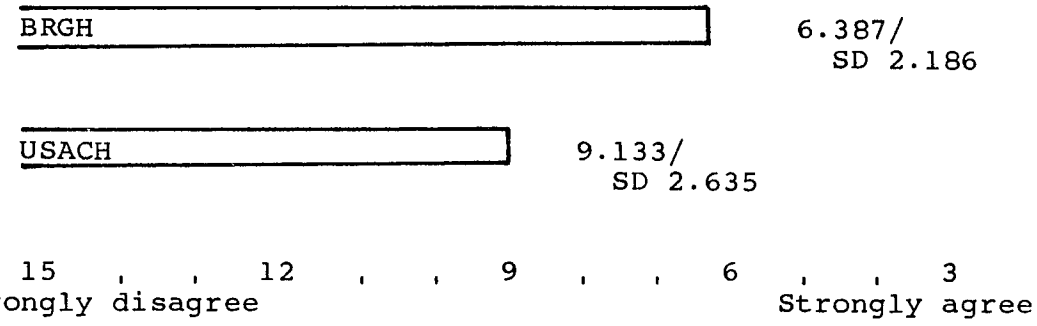

Figure 5c. *The education function serves as a coordinator for the educational expertise found in the hospital.

"t" statistic = 4.422 *Area of Significant Difference

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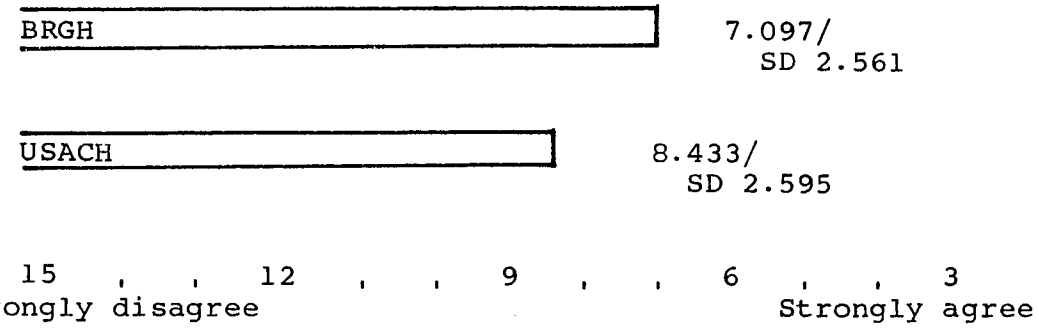

Figure 5d. *The education function prepares, conducts and evaluates training with an equal emphasis on all three areas.

"t" statistic = 2.024 *Area of Significant Difference

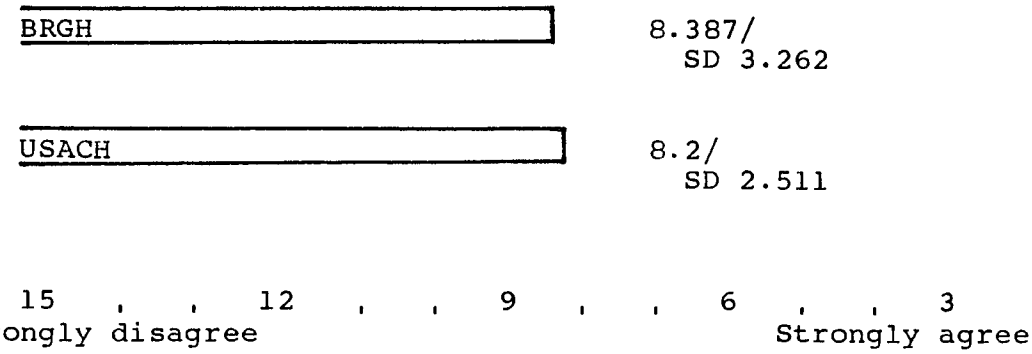

Figure 5e. The education function has facilities for individual training.

"t" statistic = .252

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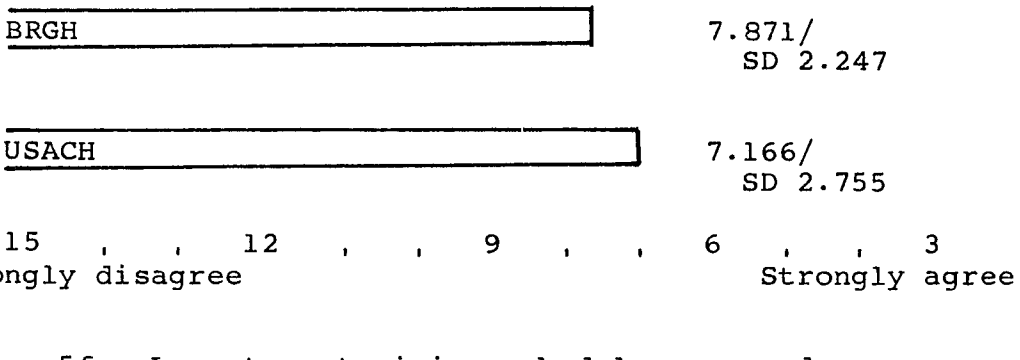

Figure 5f. Long term training schedules are made, published and distributed throughout the hospital.

"t" statistic = 1.093

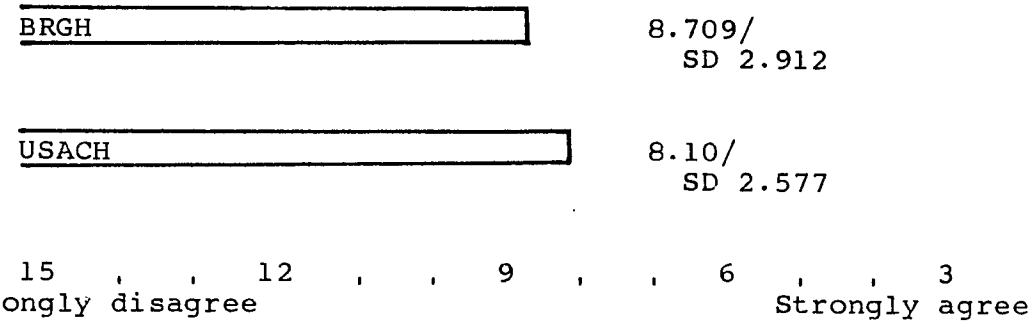

Figure 5g. The education function maintains a list of local schooling available, admission requirements and where tuition assistance can be found.

"t" statistic = .866

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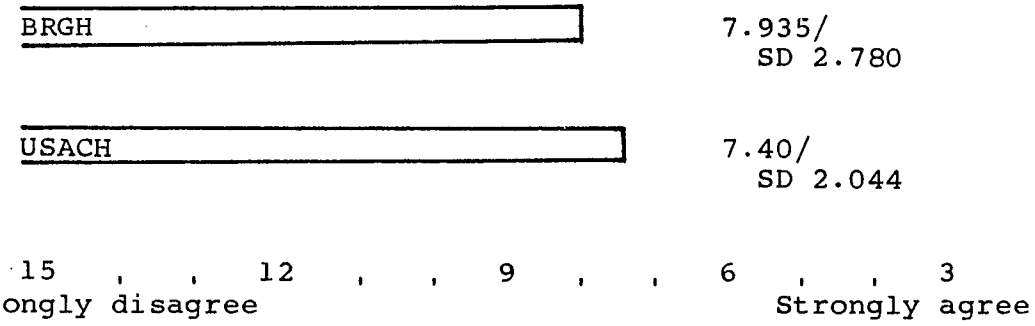

Figure 5h. Education personnel have access to other sections and top management of the hospital on an uncomplicated, natural and expected basis.

"t" statistic = .858

VI. HYPOTHESIS NUMBER SIX

The null hypothesis is that there is no significant difference between the two hospitals in terms of organization and administration as evaluated by the nurses.

An analysis of the data which composed this area showed there were three specific characteristics which demonstrated a significant difference. Additionally, all of the eight characteristics in this area showed a slightly stronger program for USACH.

The first characteristic which showed a significant difference stated, "The education function should serve as a coordinator for educational expertise found in the hospital." The survey reflected a mean of 6.466 and a standard deviation of 2.374 for USACH and a mean of 8.5 and a standard deviation of 2.047 for BRGH. The "t" statistic for this characteristic was 3.55 for 58 degrees of freedom which is greater than 2 so the null hypothesis was rejected at the .05 level of confidence. The data is interpreted to mean that the USACH mean score for this characteristic falls in the center of the agree range, while the mean score for BRGH is 8.5 which is in the undecided range. The standard deviation for both hospitals are similar, however, BRGH has a more compact spread of scores than does USACH.

The second characteristic which demonstrated a

significant difference on the survey was concerned with the area of information about local schooling. The survey demonstrated that USACH had a mean and standard deviation of 5.66 and 1.825 while BRGH scored 7.3 and 1.985. The "t" statistic for this characteristic was 3.321 for 58 degrees of freedom which is greater than 2, so the null hypothesis was rejected at the .05 level of confidence. This data is interpreted that both hospitals are in the agree range. USACH, however, is in the top part of this range, while BRGH is in the bottom part of the range. Additionally, the standard deviations for both hospitals are comparable, with USACH showing a slightly smaller spread of scores around the mean than did BRGH.

The third characteristic which demonstrated a significant difference on the survey was concerned with using the education function as a management tool. The survey demonstrated that USACH had a mean and standard deviation of 7.733 and 2.164, while BRGH scored 6.4 and 1.923. The "t" statistic was 2.524 for 58 degrees of freedom which is greater than 2, so the null hypothesis was rejected at the .05 level of confidence. The data is interpreted to mean that USACH mean score is in the center of the agree range, while BRGH mean score is in between the agree and undecided range. The standard deviations indicate that USACH has a slightly more compact spread of scores than did BRGH. Figure 6 found on the following pages and

Appendix B-6 demonstrate these similarities and differences. This figure shows the mean and standard deviations for each individual characteristic with a sample size of sixty, thirty from each hospital.

Figure 6. MEAN AND STANDARD DEVIATION OF THE EIGHT INDIVIDUAL CHARACTERISTICS FOR ORGANIZATION AND ADMINISTRATION AS EVALUATED BY NURSES.

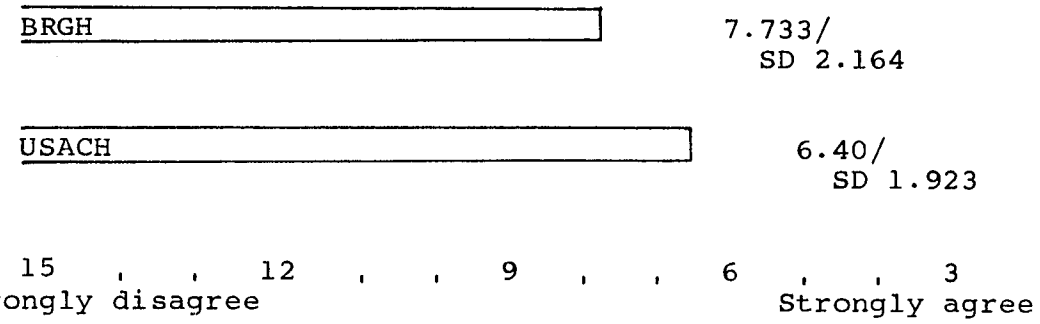

Figure 6a. *The education function exists as a management tool to help solve organizational problems.

"t" statistic = 2.524 *Area of Significant Difference

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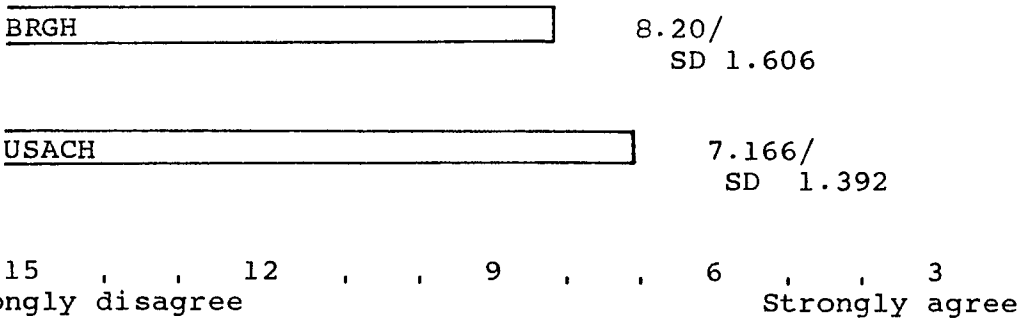

Figure 6b. The education function provides administrative assistance to the affiliation education programs found in the hospital.

"t" statistic = .846

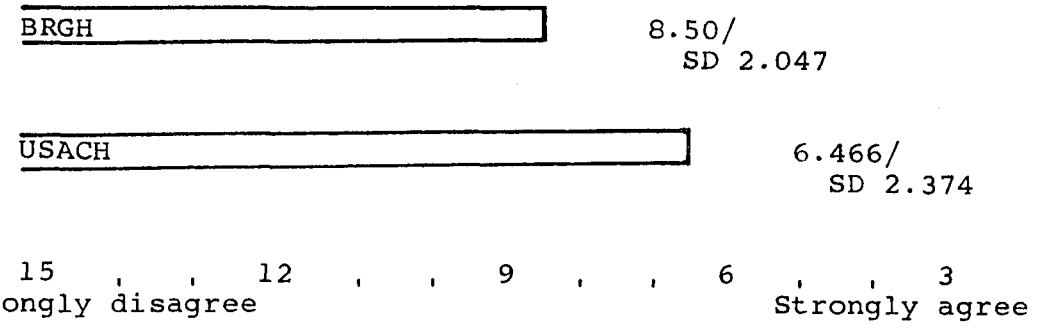

Figure 6c. *The education function serves as a coordinator for the educational expertise found in the hospital.

"t" statistic = 3.550 *Area of Significant Difference

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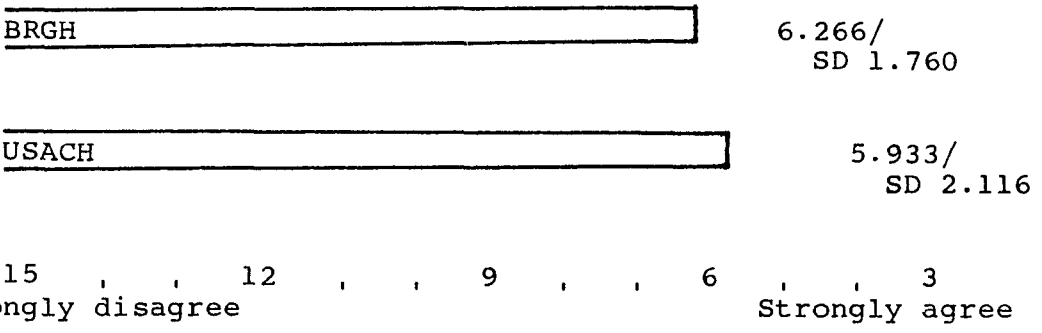

Figure 6d. The education function prepares, conducts and evaluates training with an equal emphasis on all three areas.

"t" statistic = .663

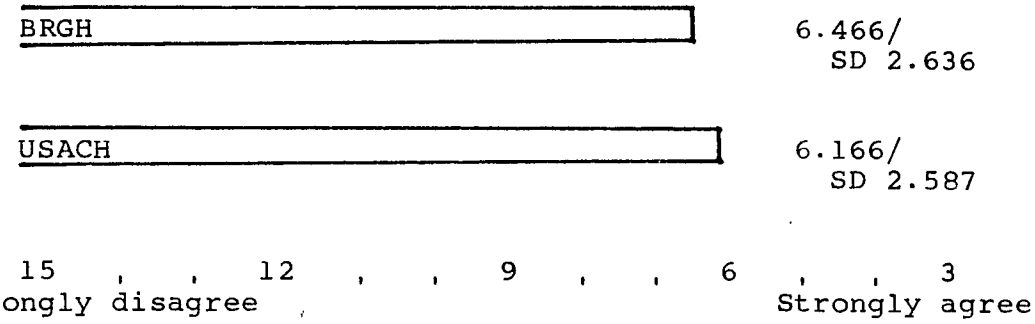

Figure 6e. The education function has facilities for individual training.

"t" statistic = .445

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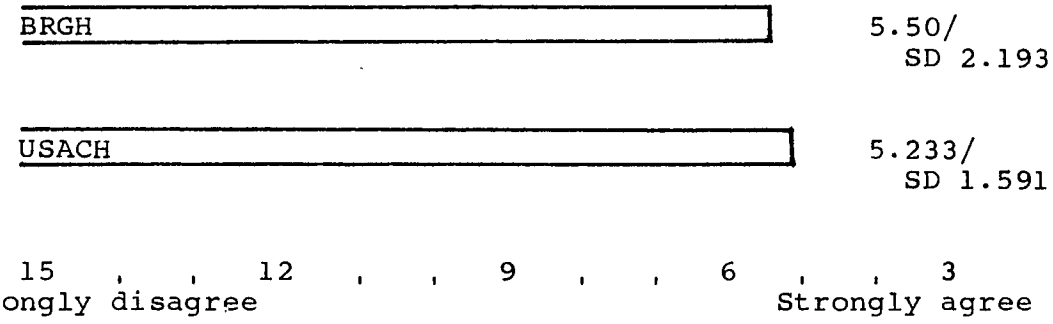

Figure 6f. Long term training schedules are made, published and distributed throughout the hospital.

"t" statistic = .540

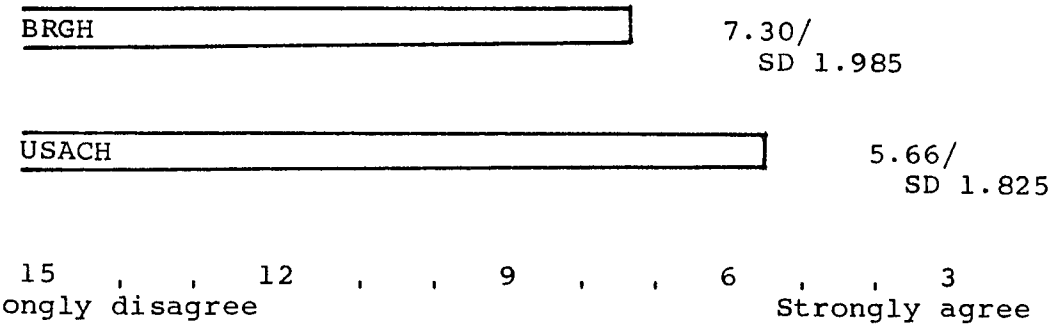

Figure 6g. *The education function maintains a list of local schooling available, admission requirements and where tuition assistance can be found.

"t" statistic = 3.321 *Area of Significant Difference

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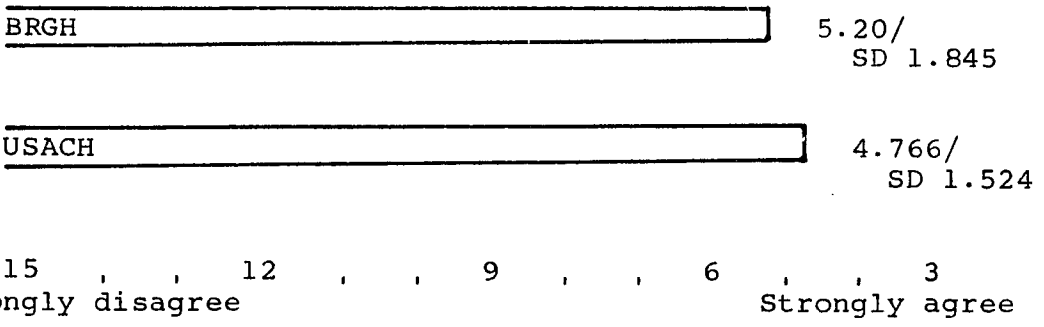

Figure 6h. Education personnel have access to other section and top management of the hospital on an uncomplicated, natural and expected basis.

"t" statistic = 1.007

VII. CONCLUSION

There was a total of eleven characteristics which were found to be significantly different out of the possible forty-eight characteristics when comparing administrators and nurses separately, and when they were combined to represent the respective hospitals. Three characteristics were found to be significantly different. These dealt with providing administrative assistance to affiliations, using the education department as a management tool, and providing information about local schooling. These characteristics demonstrated that USACH has a slightly stronger overall education program.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

I. SUMMARY OF THE RESULTS

The purposes of this study were to develop an instrument for evaluating hospital education programs and then to use the instrument to compare a military hospital and a civilian hospital in terms of education function.

The instrument was developed by using sixteen characteristics that are necessary for an effective hospital education program. These sixteen characteristics were synthesized from the literature in the field of hospital education. The characteristics were then evaluated by general category, either as program purpose or administration and organization. Each of the sixteen characteristics was used as a guide for three statements found on the instrument, one negative and two positive. Once the instrument was developed, it was pilot tested for usability, validity, and reliability. Some minor modifications and instruction changes were made to the instrument as a result of the pilot test.

The instrument was used in the survey of the military and civilian hospitals. The survey results were then discussed with the eight executive personnel most involved with each of the hospital education programs. The purpose for the interviews was to ascertain their evaluation of the

data provided by the instrument. The result was unanimous in that the instrument provided functional data and information on all areas that this study deemed necessary for an effective hospital education program. One comment was made which suggested that community education be separated from patient education. This comment appears to be valid and would eliminate an area of possible confusion. In the final analysis, these hospital administrators agree the instrument proved to be a useful tool for evaluating hospital education programs.

In summary of the organization and administration section of this study, three specific characteristics were found to have significant differences, all of which indicated USACH had a slightly better hospital education program than did BRGH. Additionally, only two of the eight characteristics favored BRGH, while the other six supported the USACH education program.

In concluding the program purpose section of this study, five individual characteristics supported the USACH education program as compared to three for BRGH.

In the final analysis, the two hospital education programs appear to be similar. Generally, they share the same strengths and weaknesses. However, the U.S. Army Community Hospital showed a slightly more effective program. This is demonstrated by the mean scores of the sixteen characteristics. USACH education program scored

more favorably in eleven of the sixteen characteristics as compared to five for BRGH as evaluated by their own personnel.

II. IMPLICATIONS FOR HOSPITAL EDUCATION

The results of this study point toward several implications for hospital education. These implications can apply to the individual hospitals or to accreditation agencies.

The instrument provides a measurable guide for hospital administrators and educators alike to determine the effectiveness of their education programs. The general category of strengths or weaknesses can be determined in the areas of program purpose and organization and administration. Additionally, the hospital administrator can use the instrument during annual evaluations of the education personnel.

The study provides accreditation agencies, such as the Joint Commission on Accreditation of Hospitals, an instrument upon which measurable standards for hospital education departments can be developed. Additionally, the instrument could be adapted to the JCAH survey method which is the filing of a pre-survey questionnaire.

The study provides an instrument that can be used in uniformed services medical facilities in order to evaluate the education program's effectiveness. It demonstrated that the instrument could be used in both civilian and military

hospitals. Additionally, it provides hospital-based educators a tool to compare results with other hospitals, thereby making possible the opening of communication lines between hospitals of similar size and location, as well as providing a means for hospitals to share solutions to common problems. It also provides comparison techniques that could be used by large hospital corporations which administer many, usually small, hospitals to insure their standards are adhered to throughout the system.

III. IMPLICATIONS FOR FURTHER RESEARCH

This study provides individual hospitals and health care organizations, such as The American Hospital Association, a guide which can measure the perceived effectiveness of a hospital education function. A suggested improvement is to separate the patient education characteristic into two separate characteristics, one for patient education and one for community education. This would require that more statements involving these characteristics be developed that could be adapted to the WHIPS. Additionally, the instrument could be tailored to meet the needs of a specific hospital organization. Finally, the instrument could be used throughout the Army health care system to establish weak and strong areas in hospital education programs. The results of this information could then be used to modify the human resources development programs in the Health Care Administration

Courses found at the U.S. Army Academy of Health Sciences.

IV. RECOMMENDATIONS

These recommendations were presented to the administrators and the chief nurses of both hospitals. They were constituted only from the data found as a result of the survey. It is recognized that the administration of the hospital may not be of the opinion that all of the characteristics presented in this study are necessary for them to have an effective hospital education program. Additionally, some characteristics may be the responsibility of other sections of the hospital.

BRGH: Staff Development. The major area which the survey demonstrated needed refinement by Staff Development at BRGH is found in the area of program purpose. The interviews with both the Acting Director of Staff Development and the Vice President for Human Resources revealed that the Staff Development Department has been assigned additional tasks which have taken away the necessary emphasis from the education effort.

Specifically, in the program purpose area there are four characteristics which need attention as was perceived by the participants. First, the education department needs to improve programs which meet certification standards. Second, more effort should be placed on patient and community education. Third, efforts need to be made to help hospital personnel cope with change. Finally, the education

function should encourage other teaching techniques rather than lecture.

In the major area of organization and administration, the Staff Development Department demonstrated, according to this study, both strengths and weaknesses. The specific weaknesses and areas which are in need of improvement are: providing administrative assistance to affiliations, maintaining a list of local schooling which can be of assistance to personnel in the hospital, and having access to top management.

The survey indicated that there is a poor working relationship between top management and the Staff Development Department. Therefore, before any meaningful changes can be made to improve those weak areas found in the Staff Development, a concentrated effort must be undertaken by top management to support the educational effort of the Staff Development Department at Baton Rouge General Hospital.

USACH: Plans Operations and Training. Similar to BRGH Staff Development, USACH Plans Operations and Training Division needs to improve in the area of program purpose. The characteristics which the survey discloses as needing improvement are: the programs should be relevant to the needs of the employees, feedback should be provided to instructors concerning presentation of subject matter, and teaching techniques other than lectures should be used by

instructors.

In the major area of organization and administration, the Plans Operations and Training Division, no overall strengths or weaknesses were demonstrated. The two characteristics which showed a tendency toward strengths are: long term training schedules are published and distributed throughout the hospital, and education personnel do have access to all sections of the hospital to include top management. The major characteristic which needs improvement is, "The education function should serve as a coordinator for the educational expertise found in the hospital." Additionally, the education function should evaluate training, as well as prepare and conduct it.

The major concern which needs to be rectified is the relevancy of the programs to the needs of the personnel. In the interview with the Chief of Plans, Operations and Training and the Hospital Executive Officer, it became clear that this problem could possibly be solved by placing more emphasis on the importance for each program and the reasons for its relevancy.

BRGH: Nursing Education. The survey did not reveal that any of the two major areas, program purpose and organization and administration, had a problem. The only characteristic in the area of program purpose which showed a need for improvement concerned teaching techniques. Most of the personnel that were surveyed felt there was too much

lecture and not enough use of actual case studies. In the area of organization and administration the survey demonstrated two characteristics which were in need of improvement. They were: the education function should serve as a coordinator for educational expertise found in the hospital, and the education function should provide administrative assistance to affiliations. It must be stated, however, that affiliation management is an administrative decision which must be made by top hospital management as it deals with many areas found in a hospital.

USACH: Nursing Education. The survey reflected that the USACH Nursing Education program is very strong, with no general area weaknesses. Like BRGH Nursing Education, the only characteristic which showed a need for improvement was in the area of teaching techniques. The personnel surveyed were of the opinion that classes used too much lecture and not enough case studies or hands-on training.

In the area of organization and administration no recommendations for improvements were made. Special note, however, was made that the characteristic which stated, "Education personnel should have access to other sections and top management of the hospital on an uncomplicated, natural and expected basis." had a mean score of 4.766 which was the lowest score for all characteristics in all four surveys. This characteristic was the strongest of the sixteen, for all the sections that were surveyed.

Additionally, it is the opinion of the researcher, that this characteristic is the most important, because it exhibits the ability to communicate with all members of the hospital staff, including top management.

V. CONCLUSION

In conclusion, the problem for this study was to ascertain if there were significant differences between the education function at the United States Army Community Hospital (USACH) and Baton Rouge General Hospital (BRGH) as perceived by those directly involved with the program, and can those differences, if they exist, be assessed through the use of an instrument.

In the final analysis, this study succeeded in accomplishing its stated goals: to develop an instrument for evaluating hospital education programs, and to compare a military and civilian hospital in terms of education function. Additionally, however, it accomplished much more by providing two Louisiana hospitals the opportunity and the instrument to open meaningful dialogue for the purpose of developing the most effective hospital education program possible.

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APPENDIX

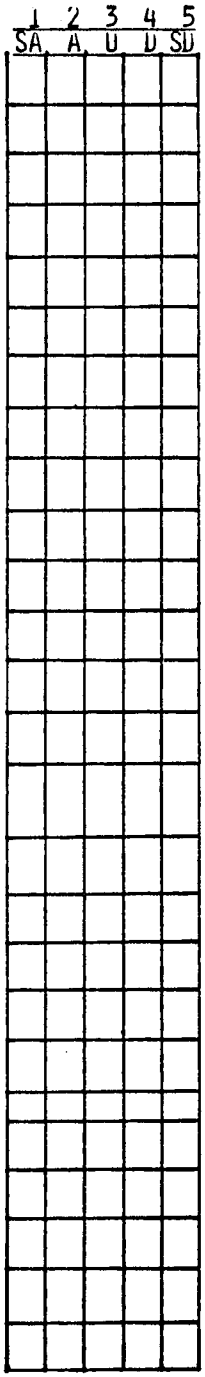
WHITESELL'S HOSPITAL INSTRUCTIONAL PROGRAM SURVEY (WHIPS)

POSITION (CHECK ONE) NURSE____ ADMINISTRATOR____ OTHER____(EXPLAIN)_____
NUMBER OF YEARS IN PRESENT POSITION_____

DIRECTIONS: SHOWN BELOW IS A GROUP OF STATEMENTS REGARDING YOUR ATTITUDE TOWARD THIS HOSPITAL'S EDUCATION PROGRAM. PLEASE READ EACH STATEMENT CAREFULLY. IF YOU STRONGLY AGREE WITH THE STATEMENT, CHECK COLUMN 1 (SA); IF YOU AGREE IN PART, CHECK COLUMN 2 (A); IF YOU ARE UNCERTAIN, CHECK COLUMN 3 (U); IF YOU DISAGREE IN PART, CHECK COLUMN 4 (D); AND IF YOU STRONGLY DISAGREE, CHECK COLUMN 5 (SD).

PLEASE READ CAREFULLY AND RESPOND HONESTLY. THE RESULTS WILL NOT AFFECT YOUR PRESENT POSITION IN ANY WAY.

1 SA	2 A	3 U	4 D	5 SD	
					1. THE EDUCATION DEPARTMENT PROGRAMS HAVE TRADITIONALLY REFLECTED THE PRIMARY MISSION OF THE HOSPITAL.
					2. THE HOSPITAL EDUCATION PROGRAMS MEET MY JOB-RELATED EDUCATIONAL NEEDS.
					3. THE EDUCATION DEPARTMENT IS NOT FAMILIAR WITH MY CERTIFICATION REQUIREMENTS.
					4. OUR PATIENT EDUCATION PROGRAM IS ADEQUATE.
					5. THE EDUCATION DEPARTMENT KEEPS CURRENT ON POLICY AND REGULATION CHANGES WHICH AFFECT ME.
					6. THE EDUCATION DEPARTMENT IS FAMILIAR ENOUGH WITH THE HOSPITAL ORGANIZATION SO THAT IT CAN FORESEE PROBLEM AREAS.
					7. BACKGROUND MATERIALS ABOUT THE HOSPITAL ARE SENT TO AFFILIATION STUDENTS PRIOR TO THEIR ARRIVING AT THE HOSPITAL.
					8. THE EDUCATION DEPARTMENT MAINTAINS A COMPLETE LIST OF POSSIBLE INSTRUCTORS IN VARIOUS FIELDS OF EXPERTISE FOUND IN THE HOSPITAL.
					9. THE EDUCATION PROGRAMS ARE WELL PLANNED.
					10. THE EDUCATION DEPARTMENT HAS FACILITIES FOR INDIVIDUAL TRAINING.
					11. A LONG-TERM TRAINING SCHEDULE IS DEVELOPED ON A REGULAR BASIS BY THE EDUCATION DEPARTMENT.
					12. I AM RARELY INVITED TO EVALUATE THE EDUCATION PROGRAMS IN WHICH I PARTICIPATE.
					13. THE EDUCATION DEPARMENT PROVIDES INFORMATION ON EDUCATION OPPORTUNITIES IN THE LOCAL AREA.
					14. EDUCATION DEPARTMENT PERSONNEL CAN COME INTO MY WORK AREA WITHOUT GENERATING ANXIETY.
					15. THE EDUCATION DEPARTMENT'S MAJOR ROLE IS IMPROVING EMPLOYEE PERFORMANCE.
					16. THE EDUCATION DEPARTMENT PROGRAMS EMPHASIZE ACTUAL HOSPITAL PROBLEMS THAT I HAVE EXPERIENCED.
					17. THE EDUCATION PROGRAM DESIGN IS A DIRECT RESULT OF JOINT COMMISSION ON ACCREDITATION OF HOSPITALS (JCAH) SURVEYS.
					18. THE EDUCATION DEPARTMENT SOLICITS MY INPUT IN PROGRAM PLANNING.
					19. THE EDUCATION DEPARTMENT CONSIDERS MY CERTIFICATION UP-DATE WHEN DEVELOPING NEW PROGRAMS.
					20. PATIENT EDUCATION PROGRAMS ARE RARELY COORDINATED THROUGH THE EDUCATION DEPARTMENT
					21. THE EDUCATION DEPARTMENT PRESENTS EDUCATIONAL PROGRAMS TO INSURE MY UNDERSTANDING OF REGULATION AND POLICY CHANGES.
					22. THE EDUCATION DEPARTMENT RARELY INITIATES STAFF EDUCATION PROGRAMS WHICH COULD HELP SOLVE MANAGEMENT PROBLEMS.



23. A MEMBER OF THE EDUCATION DEPARTMENT STAFF IS CLEARLY IDENTIFIED AS THE COORDINATOR FOR AFFILIATION STUDENTS.
24. THE EDUCATION DEPARTMENT HAS ASKED ME FOR MY AREAS OF EXPERTISE IN ORDER TO BE PLACED ON FILE FOR FUTURE REFERENCE.
25. MY EVALUATIONS OF EDUCATION DEPARTMENT PROGRAMS SELDOM LEAD TO CONSTRUCTIVE CHANGES IN PROGRAMMING.
26. THE EDUCATION DEPARTMENT SELDOM ASSISTS ME IN MY SPECIFIC TRAINING NEEDS THROUGH INDIVIDUALIZED TRAINING.
27. I KNOW WHERE TO FIND STAFF NOTIFICATION OF THE TRAINING SCHEDULE.
28. THE EDUCATION DEPARTMENT PROVIDES EACH INSTRUCTOR WITH FEED-BACK ON HIS/HER COURSE CONTENT.
29. THE EDUCATION DEPARTMENT RARELY HAS CLASS SCHEDULES FOR LOCAL SCHOOLING IN MY FIELD.
30. I SELDOM SEE EDUCATION PERSONNEL ASSISTING WITH SPECIFIC AREA PROBLEMS FOUND IN THE HOSPITAL.
31. THE EDUCATION DEPARTMENT HELPS ME UNDERSTAND THE IMPORTANCE OF MY JOB.
32. THE EDUCATION DEPARTMENT PROGRAMS THAT I HAVE ATTENDED ARE MOSTLY LECTURE.
33. I DO NOT FEEL THE CURRENT EDUCATION PROGRAMS REFLECT THE MAJOR GOALS OF THE HOSPITAL.
34. IN MY OPINION, PROGRAM PLANNING IS DOMINATED BY WHAT HAS BEEN OFFERED IN THE PAST.
35. I INFORM THE EDUCATION DEPARTMENT OF CHANGES IN MY CERTIFICATION REQUIREMENTS.
36. THE EDUCATION DEPARTMENT PROVIDES A SCHEDULE OF PATIENT EDUCATION PROGRAMS IN ADVANCE.
37. THE EDUCATION DEPARTMENT RARELY SEEKS FEED-BACK FROM ME IN ORDER TO LEARN ABOUT CHANGES IN MY FIELD WHICH WILL AFFECT OTHER STAFF MEMBERS.
38. IN MY OPINION, THE ADMINISTRATION DEMONSTRATES CONFIDENCE IN THE EDUCATION DEPARTMENT'S ABILITY TO SOLVE MANAGEMENT PROBLEMS.
39. EVALUATIONS OF THE AFFILIATION EXPERIENCE ARE ONLY OCCASIONALLY RECEIVED FROM ALL WHO ARE INVOLVED.
40. THE EDUCATION DEPARTMENT RARELY MAKES USE OF LOCAL EXPERTS FOR INSTRUCTIONAL PURPOSES.
41. I AM PROVIDED THE OPPORTUNITY TO EVALUATE EACH EDUCATION DEPARTMENT PROGRAM IN WHICH I AM INVOLVED.
42. THE EDUCATION DEPARTMENT HAS HELPED ME LEARN NEW SKILLS IN MY FIELD THROUGH INDIVIDUALIZED TRAINING.
43. I SELDOM READ THE TRAINING SCHEDULE.
44. THE EDUCATION DEPARTMENT PROVIDES EACH INSTRUCTOR WITH FEED-BACK ON HIS/HER TEACHING TECHNIQUE.
45. THE EDUCATION DEPARTMENT IS KNOWLEDGEABLE CONCERNING AVAILABILITY OF TUITION ASSISTANCE.
46. TOP MANAGEMENT SEES THE EDUCATION DEPARTMENT AS RENDERING AN IMPORTANT SERVICE.
47. THE EDUCATION DEPARTMENT SPENDS MOST OF ITS TRAINING TIME ON SUBJECTS THAT HAVE LITTLE BEARING ON MY JOB.
48. THE EDUCATION DEPARTMENT PROGRAMS OFTEN USE CASE STUDIES OR ROLE PLAYING IN THE PRESENTATIONS THAT I HAVE ATTENDED.

APPENDIX B

Appendix Table B-1. PROGRAM PURPOSE FOR ADMINISTRATORS AND NURSES

Hypothesis # 1

BRGH Mean	BRGH SD	USACH Mean	USACH SD	
7.475	2.460	7.2	2.327	1. The Ed. Dept. reflects the goals of the hospital.
7.918	2.990	8.066	2.686	2. Programs are relevant to the needs of the employees.
8.738	2.689	7.916	2.533	3. The Ed. Dept. provides programs which meet certification required by accrediting agencies.
7.836	2.498	7.483	2.054	4. The Ed. Dept. provides program for patient education.
7.770	3.222	7.7	2.953	5. The Ed. Dept. helps hospital personnel cope with change.
7.213	2.001	7.916	2.493	12. The Ed. Dept. provides feedback to instructors concerning presentation of subject matter.
7.147	3.182	7.35	2.754	15. The ultimate aim of the Ed. Dept. is to help all employees do their best on the assigned job.
9.0	2.639	8.883	2.617	16. The Ed. Dept. encourages such techniques as case studies and role playing.

Appendix Table B-2. ORGANIZATION AND ADMINISTRATION FOR BOTH ADMININISTRATORS AND NURSES

Hypothesis # 2

BRGH Mean	BRGH SD	USACH Mean	USACH SD	
8.262	2.483	7.366	2.321	*6. The Ed. Dept. exists as a management tool to help solve organizational problems.
9.196	2.080	7.683	2.111	*7. The Ed. Dept. provides administrative assistance to the affiliation education programs found in the hospital.
7.426	2.355	7.8	2.827	8. The Ed. Dept. serves as a coordinator for educational expertise found in the hospital.
6.688	2.118	7.183	2.665	9. The Ed. Dept. prepares, conducts, and evaluates training, with equal emphasis on all three areas.
7.443	3.101	7.183	2.728	10. The Ed. Dept. has facilities for individual training.
6.70	2.505	6.2	2.434	11. Long term training schedules are made, published, and distributed throughout the hospital.
8.016	2.579	6.833	2.579	*13. The Ed. Dept. maintains a list of local schooling available, admission requirements and where tuition assistance can be found.
6.590	2.723	6.083	2.227	14. The Ed. Dept. personnel have access to other sections and top management of the hospital on an uncomplicated, natural and expected basis.

*Characteristic of Significant Difference

Appendix Table B-3. PROGRAM PURPOSE FOR ADMINISTRATORS ONLY

Hypothesis # 3

BRGH Mean	BRGH SD	USACH Mean	USACH SD	
8.581	2.566	8.333	2.248	1. The Ed. Dept. reflects the goals of the hospital.
8.806	3.300	9.333	2.233	2. Programs are relevant to the needs of the employees.
9.742	2.845	8.733	2.572	3. The Ed. Dept. provides programs which meet certification required by accrediting agenices.
9.419	2.046	7.8	1.882	*4. The Ed. Dept. provides programs for patient education.
9.193	3.618	8.966	2.930	5. The Ed. Dept. helps hospital personnel cope with change.
7.322	1.739	8.8	2.056	*12. The Ed. Dept. provides feedback to instructors concerning presentation of subject matter.
8.484	3.463	8.3	2.842	15. The ultimate aim of the Ed. Dept. is to help all employees do their best on the assigned job.
9.774	2.952	9.6	2.458	16. The Ed. Dept. encourages such techniques as case studies and role playing.

*Characteristic of Significant Difference

Appendix Table B-4. PROGRAM PURPOSE FOR NURSES ONLY

Hypothesis # 4

BRGH Mean	BRGH SD	USACH Mean	USACH SD	
6.333	1.748	6.066	1.818	1. The Ed. Dept. reflects the goals of the hospital.
7.0	2.348	6.8	2.524	2. Programs are relevant to the needs of the employees.
7.7	2.053	7.1	2.249	3. The Ed. Dept. provides programs which meet certification required by accrediting agenices.
6.2	1.769	7.166	2.118	4. The Ed. Dept. provides programs for patient education.
6.2	1.972	6.433	2.416	5. The Ed. Dept. helps hospital personnel cope with change.
7.1	2.264	7.0	2.600	12. The Ed. Dept. provides feedback to instructors concerning presentation of subject matter.
5.766	2.160	6.4	2.343	15. The ultimate aim of the Ed. Dept. is to help all employees do their best on the assigned job.
8.2	2.024	8.166	2.614	16. The Ed. Dept. encourages such techniques as case studies and role playing.

Appendix Table B-5. ORGANIZATION AND ADMINISTRATION FOR ADMININISTRATORS ONLY

Hypothesis # 5

BRGH Mean	BRGH SD	USACH Mean	USACH SD	
8.774	2.692	8.333	2.309	6. The Ed. Dept. exists as a management tool to help solve organizational problems.
10.161	2.051	8.2	2.565	*7. The Ed. Dept. provides administrative assistance to the affiliation education programs found in the hospital.
6.387	2.186	9.133	2.635	*8. The Ed. Dept. serves as a coordinator for educational expertise found in the hospital.
7.097	2.561	8.433	2.595	*9. The Ed. Dept. prepares, conducts, and evaluates training, with equal emphasis on all three areas.
8.387	3.262	8.2	2.511	10. The Ed. Dept. has facilities for individual training.
7.871	2.247	7.166	2.755	11. Long term training schedules are made, published, and distributed throughout the hospital.
8.709	2.912	8.1	2.577	13. The Ed. Dept. maintains a list of local schooling available, admission requirements and where tuition assistance can be found.
7.935	2.780	7.4	2.044	14. The Ed. Dept. personnel have access to other sections and top management of the hospital on an uncomplicated, natural and expected basis.

*Characteristic of Significant Difference

Appendix Table B-6. ORGANIZATION AND ADMINISTRATION FOR NURSES ONLY

Hypothesis # 6

BRGH Mean	BRGH SD	USACH Mean	USACH SD	
7.733	2.164	6.40	1.923	*6. The Ed. Dept. exists as a management tool to help solve organizational problems.
8.2	1.606	7.166	1.392	7. The Ed. Dept. provides administrative assistance to the affiliation education programs found in the hospital.
8.5	2.047	6.466	2.374	*8. The Ed. Dept. serves as a coordinator for educational expertise found in the hospital.
6.266	1.760	5.933	2.116	9. The Ed. Dept. prepares, conducts, and evaluates training, with equal emphasis on all three areas.
6.466	2.636	6.166	2.587	10. The Ed. Dept. has facilities for individual training.
5.5	2.193	5.233	1.591	11. Long term training schedules are made, published, and distributed throughout the hospital.
7.3	1.985	5.66	1.825	*13. The Ed. Dept. maintains a list of local schooling available, admission requirements and where tuition assistance can be found.
5.2	1.845	4.766	1.524	14. The Ed. Dept. personnel have access to other sections and top management of the hospital on an uncomplicated, natural and expected basis.

*Characteristic of Significant Difference

VITA

Thomas C. Whitesell was born on February 18, 1941 in Philadelphia, Pennsylvania. He received a B.A. in History from Pennsylvania Military College. His M.A. is in Guidance and Counseling from Wayne State University. His Ed. D. is in The Interdepartmental Program of Education from Louisiana State University. He is currently a Lieutenant Colonel in the regular United States Army serving on active duty. His professional career includes four years as an Infantry Officer serving in combat in the Dominican Republic with the 82nd Airborne Division and the Republic of Viet Nam with the 5th Special Forces Group. Additionally, he has served as a Medical Service Corps Officer for fourteen years. His assignments have included, Medical Company Commander, Hospital Adjutant, Patient Administrator and Army Liaison Officer to CHAMPUS. His military education includes Infantry Officers Basic Course, Jumpmaster Course, Special Forces Officer Course, AMEDD Advanced Course, Patient Administration Course and Command and General Staff College. He is married to Charon Stouffer Whitesell; they have two children, Thomas, Jr. and Andrea.

EXAMINATION AND THESIS REPORT

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Major Field: Education

Title of Thesis: A Descriptive Evaluation of Two Hospital Education Programs

Approved:

R. C. Von

Major Professor and Chairman

Dean of the Graduate School

EXAMINING COMMITTEE:

Burton Gremillion

B. F. Beeson

Richard G. Lomax

James A. Richardson

Carl A. Hill

Date of Examination:

July 25, 1983