PROFESSIONAL DEVELOPMENT :

THE KEY TO EFFECTIVENESS.

CYNTHIA J. TURNBULL,   B.Ed.

A DISSERTATION SUBMITTED IN PARTIAL

FULFILMENT OF THE REQUIREMENT FOR

THE DEGREE OF MASTER OF EDUCATIONAL

STUDIES.   CENTRE FOR EDUCATION,

UNIVERSITY OF TASMANIA.

DECEMBER, 1988.

This dissertation contains no material which has been accepted for the award of any other higher degree or graduate diploma in any tertiary institution, and , to the best of my knowledge and belief, the dissertation contains no material previously published or written by another person, except when due reference is made in the text of the dissertation.

C.J.TURNBULL.

ABSTRACT.

Professional development of staff members, from an organisational perspective, is an area to which minimal attention has been given within the hospital system. Those programs which have been provided have focused on a basic orientation program for new employees, and some continuing education sessions emphasising the use of equipment and new procedures. The allocation of fiscal resources to this area has been minimal, a planned, evaluated approach to the educational needs of staff being perceived as relatively unimportant.

The purpose of this dissertation is to investigate the professional development needs of midwifery staff employed at the Queen Alexandra Division, Royal Hobart Hospital. It is the author's contention that, through a program focusing on the professional and personal potential of each midwife, the effective use of all available human resources can be assured, with a concomitant increase in job satisfaction for the participants, and the successful

achievement of organisational goals.

A positive correlation between organisational effectiveness and staff development is suggested within this dissertation, this hypothesis being supported by an examination of relevant literature. The distinction between professional development programs, emphasising clinical skills and updating of specialist knowledge, and staff development programs is made , the latter aimed at providing opportunities for personal and professional growth .

The responses to a questionnaire aimed at eliciting midwifery staff's perceptions about their educational needs are analysed, and an outline of possible programs for implementation discussed, attention being given to cost-effectiveness and evaluation.

The success of any educational program is dependent upon a supportive organisational climate, this aspect being

examined in relation to the organisation in which the planned program is to be implemented. Two tools are used in an evaluation of the current organisational climate with areas in need of improvement being highlighted.

ACKNOWLEDGEMENTS.

I would like to thank:

TABLE OF CONTENTS.

LIST OF TABLES.

TABLE OF FIGURES.

x.

APPENDICES.

CHAPTER 1.

INTRODUCTION.

'The failure to measure the economic
value of people may cause managers
to ignore the effects of their decisions
upon the value of human resources. The
problem is a tendency for management to
base decisions only on variables which
can be quantified. Thus, so-called
intangibles such as human resources tend
to be ignored. Consequently, a decision
or policy that seems beneficial may
actually harm an organization by
unintentionally depleting human resources.
For example, decisions to undertake cost-
control programs are typically based upon
expected cost savings without consider-
ation of the effects of such programs
upon employee attitudes, motivation and
satisfaction. Yet, these programs may
cause deterioration in employee motivation
and satisfaction which is equivalent to
a liquidation of human asset value.'
(Flamholtz, cited in Owens, 1981. p. 325.)

The purpose of this dissertation is to investigate

the professional development needs of the midwifery staff

employed at the Queen Alexandra Division, Royal Hobart

Hospital.   It is the author's contention that, through

an educational program focusing on both the professional and

personal growth potential within each individual midwife, the effective use of all available human resources can be encouraged, with the resultant improvement in both staff satisfaction, and the achievement of organisational goals.

The failure of nurse administrators to recognise and effectively utilize the potential within each member of the nursing staff to improve organisational effectiveness has been demonstrated within the hospital system . Little attention has been given to aspects of organisational functioning which encourage creativity and intrapreneurship, and nurses have not traditionally been included in the decision making processes. This results in both wasted human resources, and diminished job satisfaction for nurses themselves. The educational training upon which the majority of nurses base their clinical practice has not provided the necessary skills to effectively participate in management activities, and thus many do not recognise their own potential in these areas.

A literature review was undertaken, this demonstrating the need to differentiate between those programs focusing on professional development, such as orientation and continuing education programs, and staff development, which encourages personal growth as an adjunct to improving organisational effectiveness. Neither of these programs, however, will be successful without an organisational climate which is encouraging of participation by staff members. The identification of constraints within the Organisation which may mitigate against the success of the planned program implementation are outlined, emphasis being placed on the means by which lack of motivation could be overcome.

Before an educational program could be developed, it is necessary to evaluate the present functioning of the Division. This is undertaken from two perspectives - the senior staff were asked to evaluate aspects of organisational effectiveness, using a Blockage Questionnaire, developed by Woodcock and Francis, 1979. The responses are analysed, and possible solutions suggested for

articulated concerns. The ability of the Organisation to change is also assessed, based on a model suggested by Peebles, 1987. The results of this assessment indicated it was possible for the Organisation to change in order for the planned professional development program to be successfully implemented.

The perceptions of staff members concerning the need for a professional development program are elicited through a developed questionnaire. If such a program was to be accepted by staff members, who would be participants, it is considered necessary to canvass their opinions on the proposed implementation. Demographic data is also elicited as part of the questionnaire, this providing some valuable information upon which future staffing requirements can be based. The responses to the questionnaire are analysed, these providing an indication of the frequency, type, and subjects preferred by respondents in relation to educational opportunities which may be provided.

The development of definitive educational programs is outlined, based on the delineation made by Duke, 1987.

Professional development programs, including orientation programs, and ward based continuing education sessions, are outlined, some aspects of costing and evaluation being included. Staff development programs, aimed at improving staff participation in organisational functioning, while increasing job satisfaction and personal growth, are investigated from the perspective of differing group members, the curriculum including those personal and leadership skills which could assist the attainment of organisational goals.

Throughout this dissertation the relationship between staff participation in planned educational programs, and the effective achievement of organisational goals has been highlighted. All available human resources need to be efficiently utilized for the benefit of the organisation, and it is hypothesised that an educational program focusing on professional and personal development could provide a basis which ensures all members of the midwifery staff at the Queen Alexandra Division are given to the opportunity to participate in the planning, implementation, and evaluation processes by which a quality standard of

patient care is achieved.

In summary, the dissertation comprises seven chapters, outlined below. The relevant literature is reviewed, emphasis being placed on those aspects related to professional development, staff development, organisational climate, and the constraints which hinder participation in educational programs. The present organisational functioning and climate is assessed by means of two questionnaires, one evaluating aspects of organisational management, and the other indicative of the Organisation's ability to change. The development of a questionnaire aimed at eliciting midwifery staff's perceived professional development needs is discussed, and responses analysed. Attention is then paid to the possible programs which could be developed, these being outlined under the differentiation of professional development and staff development programs. An overall summation, highlighting the conclusions drawn from the investigations undertaken, with suggested future activities, is contained within the final chapter,

CHAPTER 2.

LITERATURE REVIEW.

> 'The quality of working life is enhanced
> not just by meeting people but through
> working and learning with others. The
> work place is rich in possibilities of
> creating something new through cooperation,
> it is a place where human beings can both
> give and take and mean something to each
> other, and develop and mature.
> (Skertchly, 1981, p 15.)

INTRODUCTION.

The need to maintain a standard of knowledge has long been accepted within nursing institutions as a basis for professional practice, but this acceptance has not been accompanied by a commitment, in relation to the allocation of resources, to support or encourage both professional and personal growth of staff members. Such growth is essential if the organisation itself is to adapt to changing societal pressures, and continue to meet the expectations of both the user population and the employees. Professional development programs can provide a strong basis for organisational growth, whilst at the same time tapping a human resource

which has been largely underutilized in recent times. Due to lack of challenging educational opportunities within a safe organisational climate, many individuals are unaware of their own potential) (Skertchly, 1981, p. 19). An analysis of the means by which this potential can be realised forms the basis for this study.

The need to define the terms used in the development of a staff improvement program has created some divergence in the literature, but for this discussion the differentiation outlined in Duke (1987, p. 162) has been chosen as the most appropriate. The three areas outlined are professional development, organisational development, and staff development, although there is a common goal implicit in each of these - namely effective outcomes for the organisation as a whole.

This chapter examines the literature in relation to these three delineated areas - professional development, organisational development, and staff development - as the basis for the planning and implementation of an educational

staff development presented 2nd (p.14)

program for staff within the Queen Alexandra Division. There are a number of constraints which need to be elucidated as their influence on the success of the planned program is crucial. Motivation is one of these factors which is examined, and research findings in relation to the implementation of similar programs is evaluated to assess their relevance to this project.

PLANNING FOR A PROFESSIONAL DEVELOPMENT PROGRAM

Duke (1987) has addressed his thoughts to the education system, but there appear to be many parallels between this and the practice of midwifery within the health care system. Professional growth, based on those experiences which bring about an improvement in performance, attitudes or understanding, is an essential component of professional practice, and as such needs to be nurtured and encouraged by supervisors within an organisation. Scrima (1987, p. 41) has noted that nursing, of which midwifery is one discipline, has a knowledge base with a half life of five years. The provision of an effective orientation program for new staff, and the opportunity for all staff to

maintain clinical skills in a climate which is dynamic and technicologically advancing, are means by which the stressors associated with decreased job satisfaction can be minimized or, in some instances, overcome. However, as noted by Dodwell and Lathlean (1987) 'by viewing nursing as primarily a manual craft, too much emphasis has been put on the mechanics of nursing, and not nearly enough on the intellectual, social and creative elements of nursing.' (p. 311). The authors go on to suggest:

> 'The time is now right to supplement the deficiencies of the past by offering innovative training programmes that are creative, job related and flexible enough to meet the needs and the complexities of this role, thus enabling individuals to contribute further to their organization, enhance their future career prospects and promote excellence in nursing.'
> (Dodwell & Lathlean, 1987, p.312.)

The evaluation of an educational program instituted in the London Postgraduate Teaching Hospitals in 1986 revealed an increased knowledge and skill, the development of wider insight and understanding of their role, higher

levels of motivation and enthusiasm, a tendency towards creative thinking, and acceptance of the need for change and development among the participants. (Dodwell & Lathlean, 1987, p 317.) These altered behaviours have implications for improving organisational effectiveness.

Key attributes affecting the outcome of professional development experiences have been noted as level of competence, personal expectations, openness to criticism, orientation to change, and familiarity with the organisation. (Duke, 1987, p.139.). By focusing on each of these, desired outcomes of personal and professional growth may be enhanced, although aspects of supervision and evaluation play an important role in their achievement. Three stages of professional development have been defined within a beginning practitioner. (Fuller, cited in Duke, 1987, p.140) If these are applied to registered midwives, the analogy made would suggest that initial concerns are focused on survival issues - practice within a work setting, with its concomitant requirements of knowledge and responsibility. Once mastery of these has been obtained,

the second level of concern focuses on the work situation itself - the resources available, the planning and organisation of the work load, and the expectations of both the organisation and themselves. Both these levels of concern focus on the individual practitioner and her performance. As a higher state of competence and self satisfaction is reached, the focus of concern moves from the individual to the recipients of practice - in the case of midwives, to the patients and/or professional colleagues. The implication for professional development planners contained within the recognition of these three stages of development is that cognisance must be taken of the individual level reached by each participant. Parker (1987), discussing refresher courses, noted that '(these) should be a time for expansion, exploration and stretching, enabling midwives to look forward ...with new strength and inspiration.' (p. 65) This also gives a guide to the evaluation of outcomes of any staff development program, as well as providing a basis for the selection of content. There is, however, a perceived need to differentiate staff development programs from those aimed at ensuring standards

of clinical practice are maintained, and this differentiation is discussed in the next section.

STAFF DEVELOPMENT PROGRAMS.

Staff development focuses on changes in people (Duke, 1987, p. 162), including changes in knowledge, behaviour, understanding, and attitude. It may be considered as the promotion of group improvement, ensuring that there is growth and movement towards a commonly defined goal, or outcome. Little, evaluating the outcomes of two teacher staff development programs, suggests that :

> '...staff development is most influential where it: (1) ensures collaboration adequate to produce shared understanding, shared investment, thoughtful development, and the fair, rigorous test of selected ideas; (2) requires collective participation in training and implementation; (3) is focused on crucial problems of curriculum and instruction;(4) is conducted often enough and long enough to ensure progressive gains in knowledge, skill and confidence; and (5)is congruent with and contributes to professional habits and norms of collegiality and experimentation.'
> (cited in Duke, 1987, p 166.)

Within a staff development program focusing on

the needs of registered midwives, the outcomes above would remain valid goals, although the focus of the problems mentioned above would be on knowledge and its clinical application.

Margaret Sovie (1982) has defined three major components of a professional career pattern - professional identification, professional maturation, and professional mastery. Professional identification is nurtured through orientation and inservice educational programs which assure the clinical competency of staff,and the achievement of quality nursing outcomes. Traditionally, resources within a health care organisation have been allocated to this area of education, but a significant shift of these resources has to occur if professional maturation is to be achieved. This second component requires a program which addresses such issues as specialty advanced practice, leadership skills, problem solving and planning, the sharing of knowledge between colleagues, active participation in quality assurance planning, research into the practice discipline and career planning. The final component, professional

mastery, requires participation in increasing areas of responsibility, self governance, standards of practice in relation to education, practice and research, and participation in activities on a wider front, such as within the community. (Sovie, 1982, p. 29) There appears to be a strong correlation between these three identified components of a professional career path, and the three areas of concern identified by Fuller.

'Personal expectations play a key role in determining behaviour.' (Duke, 1987, p. 140.) The recognition of personal expectations in relation to a staff development program can assist in both the development of such a program, and in diagnosing problems related to participation and outcomes. Individual expectations may be associated with perceived level of competence, or with personal goals. Associated with personal expectations, the need to view a learning program from the perspective of a mature learner is of utmost importance. Skertchly (1981, p.16) has outlined four basic assumptions about adult learners:

1. They enter a learning activity with a perception of

themselves as self-directing, responsible people.

2. Previous experience is the basis for future learning, which necessitate learning activities which encourage the participation of group member.

3. Adults enter learning activities with a quality of experience and developmental tasks which differ from younger learners.

4. A learning activity is undertaken with the more immediate intention of application to life / work problems.

These assumptions should form the basis for the planning and implementation of a staff development program, which should recognise that the life or work situation of the learners is both the starting point and the guide to content; that learning should be problem orientated; that the learners should influence and control the process and methods used for the imparting of knowledge; that knowledge and experience already acquired by the participants represents an essential part of the content; and that there should be no clear differentiation between theory and practice, or between learning and work, these being closely interconnected. (Skertchly, 1981, pp.16 - 17.)

Wood et al (1982) have outlined a model for staff development based on ten assumptions. These are:

1.   All professional personnel need inservice throughout their career.

2.   Significant improvement in professional practice takes time and long term educational opportunities.

3.   Inservice education should focus on improving the quality of the end product.

4.   Professional practitioners are motivated to learn when they have some control over their learning, and are free from threat.

5.   Practitioners vary widely in their competencies and readiness to learn.

6.   Professional growth requires a commitment to altered performance standards.

7.   The success of professional development is influenced by the organisational climate.

8.   The practice setting is the most appropriate target for change.

9.   The organisation has the primary responsibility

for allocating resources for inservice education.

10. The leader is the key element for the adoption and maintenance of new practices and programs within the organisation.

(Wood et al, 1982, pp.29-29.)

The ability to recognise the need for change is also an important component if professional and personal growth is to occur, and associated with this is the need for organisational change, and the development of an organisational climate which encourages participation in available programs. The third aspect of differentiation suggested by Duke (1987) as crucial in the development of staff, organisational development, is investigated in the following section.

ORGANISATIONAL DEVELOPMENT

.   Organisational development, focusing on organisational structure, policies, and the evaluation of

organisational outcomes, can be differentiated from staff development, although there is a tangible link between the two.

> 'One of the dominant concepts that has
> of planned, controlled, and directed social
> change. It is a world-wide belief today
> that societies need not be confined to
> events as they unfold but they can
> consciously direct the forces of change
> to suit predetermined goals and social values.
> A related and equally important trend...is
> the emphasis upon the growing belief that
> planned and control- led change in individual
> lives are not only possible but necessary if
> the long range goals of each one of us are to
> be realized... Although there is some debate
> about the power of education systems to create
> societies, there is little argument that
> planned social change is supported by compatible
> educational systems.
> (Owens, 1981, p. 234.)

The analogy could be made that a hospital is a society in itself, and thus change could be achieved through the development of an effective educational program. One measure of organisational health is the continuing ability to cope with change and adapt to its environment. Some relatively specific indicators of organisational health have been outlined by Owens (1981, p.248 - 249) as goal focus, communication adequacy, optimal power equalization, human

resource utilization, cohesiveness, morale, innovativeness, autonomy, adaptation and problem solving adequacy. All of these equate with the characteristics of effective companies categorised by Peters and Waterman (1982) as follows:

1. They have a bias for action.

2. They are responsive to the needs of their customers.

3. They encourage autonomy and intrapreneurship.

4. Emphasis is placed on equality among employees.

5. Values are articulated and form the basis for action.

6. They recognise their particular expertise and maintain this.

7. The management structure is simple.

8. They encourage autonomy and decentralization, whilst maintaining core values.

(Peters and Waterman, 1982, pp 13 - 15.)

Organisational change cannot occur effectively in only one part of that organisation - every facet is affected, and should therefore be involved. Owens notes that

'administration must be an active partner involved in the development process' (1981, p. 257), a point which is emphasised in Millonig, (1986, p. 71). The need to reallocate resources remains one of the crucial factors in facilitating change within the organisation if participation in staff development programs is to be achieved. The establishment of a climate within the organisation which encourages growth is a very important adjunct to the planning of professional development programs.

> 'Organizational climate is a relatively
> enduring quality of internal environment
> of an organization that (a) is experienced
> by its members, (b) influences their
> behaviour, and (c) can be described in
> terms of the values of a particular
> set of characteristics (or attributes)
> of an organization.
> (Taguiri & Litwin, cited in Owens, 1981,
> p 193.)

The characteristics outlined above form the basis for organisational climate, and in a hospital situation, leaders need to develop a climate which will encourage initiative and co-operation. Owens postulates that ' participation requires the existence of a developmental or growth

enhancing organizational climate.' He goes on to say:

> 'This is a climate that characteristically
> a) is intellectually, politically and aesthetically stimulating.
> b) emphasises individual and group achievement.
> c) places high value on the personal dignity of individuals.
> d) accepts divergent feelings and views in a non-judgmental way.
> e) is oriented to problem solving rather than winning or losing in intraorganizational skirmishes.
>   (Owens, 1981. p 263.)

The initiation of an educationally based development program is only one means by which organisational effectiveness can be achieved - there also needs to be an evaluation of the other characteristics of the unit which contribute to the acceptance of such an educational emphasis. Sergiovanni and Starratt, (1983, pp.149) have noted that ' effectiveness ... is concerned with the long-term ability of a group to accomplish its goals and with its capacity for self-growth and development. ' They go on to comment:

'It seems useful to differentiate between
two major sources of rewards for group
members. One reward source is the
mutual satisfaction, or reinforcement,
that individuals get from interacting
with other individuals. The more
satisfaction for group members as a
result of this interaction, the higher
the interactional effectiveness of the
group. Interactional effectiveness
is an important characteristic of a
pychological group. Another source of
rewards for group members comes from
actual implementation of the group's
purposes. The more satisfaction for
group members as a result of doing the
task, the higher the task effectiveness
of the group. Task effectiveness
and interaction effectivness compose
group effectiveness. The more
satisfaction for group members as a
result of interaction effectiveness
and task effectiveness, the higher the
group effectiveness.'

(Sergiovanni & Starratt, 1983, pp 157 -
158.)

The need for a change in the organisational
climate of hospitals has been highlighted by Peterson and
Allen (1986). They suggest a 'transformation' is needed which
implies 'creating and moving to a new space.' (p 10.) They
go on to note:

'Transformation emphasises an expanded
sense of personal identity and an
increased awareness of the inter-
connection of persons within an
organisation as well as the
relationship of the organisation
to a larger culture... The under-
lying belief is that responsible
participation can serve to empower
the whole and create a work life
that is meaningful and satisfying to
everyone. This empowerment is brought
about by creating working conditions
that encourage people to work towards
their full potential.'

(Peterson & Allen, 1986, p 10)

The organisational conditions which are required to bring about this transformation focus on the need to promote commitment from individual members; provide a challenge by focusing on problem solving; clearly articulate the organisations goals and philosophy; balance autonomy and direction; assist in challenging and altering self-limiting perceptions; and encourage individual growth and self-knowledge. There are, however, some constraints within the hospital which need to be addressed in the planning of educational programs for staff.

IDENTIFICATION OF CONSTRAINT FACTORS.

Some major constraints to the successful implementation of an educational program for staff are limited time, lack of replacement staff, and reluctance by midwives to accept responsibility for the maintenance of their clinical skills and professional development. (Davies, 1984.) However, Zander (1983) has noted that the actual costs to the organisation for providing its own educational programs are far outweighed by the benefits obtained. A survey conducted by Haw et al (1984) identified the following facets as impacting positively on nursing job satisfaction, morale and turnover: learning opportunities; promotion opportunities; recognition; participation in decision making; helping patients; work load; amount of responsibility; use of skills; relationships with co-workers; and the work schedule. (p. 10) An analysis of these illustrates a close analogy to the motivating factors outlined in Herzberg's model of motivational forces. (Owens, 1981.) An Australian study, investigating sources of satisfaction for nurses, drew the conclusion that patient

care and educational opportunities provided the major sources of job satisfaction irrespective of the level of training, experience, work setting, position or age of the respondents (Rowe and Manning, 1987.)

One of the major problems faced by staff development educators is that of motivating nurses to participate in the programs offered. Herzberg (cited in Owens, 1981, pp. 120 - 127)postulated that organisational rewards can be divided into two broad categories - maintenance or extrinsic factors, and motivators or intrinsic factors. Maintenance factors are largely related to preventing job dissatisfaction, while motivators are closely related to increasing job satisfaction, and thus should be carefully considered in order to maximise the benefits of a staff development program. Achievement, recognition, the work itself, responsibility, advancement, and personal and professional growth are motivational factors, all of which need to be considered in the present context. Herzberg has suggested three main ways in which motivational factors could be maximised within an

organisation :

1.   Redesign work. practices to tap the motivational potential of individuals.

2.   Increase autonomy, which could be improved by participative decision making.

3.   Increase the motivational factors present within the work situation by a changing focus on personnel administration.

It would appear that Herzberg's contentions have been successfully adapted as organisational goals by hospitals known collectively as 'magnet hospitals' in the United States of America. (Kramer & Schmalenberg, 1988; Schull, 1984; Scherer, 1988; Leenders, 1985.) The prevailing philosophy of these units is participatory management, with the leaders being highly accessible and staff members at all levels being involved in decision making. The concept of primary nursing, which has as its basis autonomy of practice is embraced, and staff development programs play an important role in both the orientation of new staff to the units, and in personal and

professional growth. There is a visible commitment to educational improvement for staff. Staff members are encouraged to be innovative and creative in their approach to patient care, and the resulting effect on hospital staffing is most noticable - retention rates are greatly increased. Critics of Herzberg have suggested the implied relationship between job satisfaction and organisational effectiveness which is inherent in the model has not been proven, although it is acknowledged that that dissatisfied workers are not usually effective. (Owens, 1981. p 124.) However, the connection between job satisfaction, staff retention and organisation effectiveness - measured by the quality of patient care - has been made by Kramer and Schmalenberg.(1988, p 14.)

> 'Whatever the dynamics, the inference and
> relationship between retention of qua;ified
> nursing staff and quality patient care is
> exant throughout the magnet hospital report.'

The motivational problem, however, goes beyond encouraging midwives to attend educational programs - they must also be motivated to active learning, and to the application of their new knowledge in the practice setting.

(O'Connor, 1982.) A survey of adult learning behaviour
demonstrated that the single most important predictor of
participation in a educational program is the learner's past
level of educational attainment. (Cross, cited in Millonig,
1986 p. 70) The level of position held is also a factor –
staff nurses participated least, with administrators
participating the most. (Millonig, 1986, p 71.) One
conclusion which could be postulated from this latter
research is that administrators have the ability to
manipulate their time schedules to allow participation, a
conclusion which demonstrates the need for a climate of
acceptance for the need for continuing education programs,
for all levels of staff within the organisational hierarchy.
It may also be necessary to ensure some form of recognition
is given for participation in educational programs,
particularly for those staff with low motivational levels or
inflexible roster schedules.

Parochka (1985) researched the beliefs nurses who did
not attend educational programs held towards continuing
professional education, and their intentions regarding

participation. The social group whom these nurses indicated most frequently as supporting their attendance at continuing educational programs was their professional organisation, with professional peers being the second most significant group. The least mentioned social group was the family, and yet the respondents indicated that the family was the group with whom they would normally comply. 82% of respondents indicated that their primary reason for attending educational programs was to keep up with changes and keep informed. (Parochka, 1985, p. 34.) Participation barriers were listed, in order of priority, as money, time, work conflict, family commitment, illness, transportation, child care, and miscellaneous others. These findings should be given consideration if a commitment to continuing professional development programs is sought. Sugarman, (1988) in her investigation of why midwives failed to attend continuing education sessions also noted that the primary reason for attendance was to increase knowledge and update existing knowledge. Non-attendance was due to lack of time, inability to be released from the ward, and the time the session was arranged, which was inconvenient for those with

family commitments. Sugarman commented 'it is interesting to note that although 74% of the staff midwives did feel that study group sessions organised specifically for them were a good idea, there was still a relatively low attendance rate.'(1988. p 36) However, in this study the greatest hindrance to attendance was part-time employment. Participants in this study noted that it was necessary for each study day/topic to be completed within one session, as attendance on a continuing basis could not be guaranteed

There is a need for planned development programs for midwives - whether these be orientation programs, continuing education, or staff development. As noted by Grant (1987) '(these programs) can be regarded as an investment both for the present and the future, and one which pays dividends.'

SUMMARY.

An analysis of relevant literature has been made in an effort to provide a future direction for the planning and

implementation of a staff education program. Such a program would need to be implemented from two main perspectives - professional development, in which emphasis is placed on orientation and continuing education programs to ensure syandards of care and current knowledge is maintained; and staff development, in which emphasis is placed on the individual staff members, and is aimed at providing an opportunity to enhance job satisfaction, personal satisfaction, and organisational health. The major constraints to the implementation of an educational program have been highlighted, and these will be considered in later chapters when implementation processes are discussed.

Organisational change, and the need to provide a supportive climate, was highlighted, and this aspect will be further addressed in the following chapter, where the present level of organisational effectiveness will be analysed using as a basis staff perceptions and information gained from this literature review.

CHAPTER 3.

AN EVALUATION OF ORGANISATIONAL EFFECTIVENESS.

INTRODUCTION.

There is a perceived need to evaluate the organisational effectiveness of the Queen Alexandra Division prior to commencing a staff development program to ensure that the change involved in such an implementation would be successful. This chapter evaluates organisational effectiveness from two perspectives - firstly, senior nursing staff's perception of the organisation and its present structure and function is outlined, using the Blockage Questionnaire developed by Woodcock and Francis (1979).

The organisation's ability to change forms the basis for the second aspect of evaluation of effectiveness. Peebles (1987) , in his framework for organisational change, has developed a series of diagnostic questions aimed at assessing an organisation's ability to both initiate and respond to change. This model is analysed from the author's perception of the Queen Alexandra, as it is felt

that an organisational climate which is not conducive to change will need altering prior to the implementation of the proposed staff development program.

AN ASSESSMENT OF ORGANISATIONAL FUNCTIONING.

Woodcock and Francis (1979), in outlining aspects of organisational behaviour which may influence effectiveness have suggested twelve areas in which 'blockages' may occur. These are recruitment and selection; organisational structure; level of management control; staff development; motivation; creativity; team work; management philosophy; management development; aims and goals; rewards;and personal stagnation. A Blockage Questionnaire, aimed at assessing these components of organisational effectiveness, was developed by Woodcock and Francis as a tool to assist in evaluation. (Appendix 1.) This questionnaire was completed by the senior staff at the Queen Alexandra Division, each Charge Sister or their deputy, supervisors and education staff participating. The results are outlined in TABLE 1.

TABLE 1.

COLLATED INDIVIDUAL RESPONSES BY SENIOR STAFF TO THE
BLOCKAGE QUESTIONNAIRE INDICATING GROUP PERCEPTIONS
OF ASPECTS OF ORGANISATIONAL FUNCTIONING.

RESPONDENTS.

	1	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL
A	–	4	–	–	2	–	1	–	5	1	4	5	–	22
B	2	3	1	3	2	–	–	3	–	2	6	7	3	32
C	1	1	1	3	2	3	–	3	3	3	3	4	2	29
D	1	2	2	2	–	–	1	3	4	–	4	4	1	24
E	3	2	3	3	3	2	–	5	7	4	6	5	1	44
F	2	2	–	4	1	–	–	3	1	2	4	5	1	25
G	8	4	5	6	3	2	–	5	7	6	4	6	4	60
H	–	1	1	–	1	–	–	–	2	2	1	2	–	10
1	2	1	2	2	3	2	1	4	2	1	5	7	3	35
J	1	2	–	1	–	–	–	1	2	1	7	6	2	23
K	3	2	4	2	4	1	3	2	2	2	7	6	–	38
L	3	3	2	3	2	1	2	3	2	4	2	6	3	36

LEGEND:
A– Recruitment & Selection   B– Organisational Structure.
C– Management Control   D– Staff Development
E– Motivation   F– Creativity
G– Team Work   H– Management Philosophy
I– Management Development   J– Clear Aims & Goals
K– Rewards   L– Personal Stagnation.

An analysis of participating staff indicated there were six charge sisters, three education staff, two supervisors and two deputy charge sisters who completed the Blockage Questionnaire. Some individual analysis is warranted to explain some of the wide variations in perception prior to commenting on the results as a whole.

The two deputy charge sisters have had limited experience in managerial assessment, and have possibly a limited perception of the managerial functioning of the Queen Alexandra Division as a result of this. They displayed a wide difference in their perceptions (Respondents 7 and 11) although both indicated their concern about the rewards offered by the Organisation. One noted concern about all aspects of the Organisation with the exception of management philosophy and personal stagnation. High concern was expressed regarding the articulated aims and goals of the organisation. Although there is legitimate concern from her perception, this may be due to a lack of understanding and experience in management areas. This would suggest there is limited communication below charge sister level about these aspects of organisational functioning, and may reiterate the need for improved educational programs.

Four respondents indicated a concern about recruitment and selection of staff, a problem which was not highlighted by others. On analysis, these four respondents - two charge sisters, a deputy charge sister and a nurse educator - all work within defined high risk areas, where a certain amount of difficulty in recruiting experienced staff is encountered. This is a difficult problem to overcome, but one solution is the provision of adequate continuing education programs to ensure the staff at present employed reaches an acceptable level of expertise. Respondent 12, a nurse educator, has been employed in that capacity for two months, having previously worked in the clinical area. She also had a perception of difficulty in all areas with the exception of management philosophy. This could be due to limited managerial experience, or it could reflect difficulties within the area in which she works - a high risk neonatal unit. Her highest areas of concern were management development and organisational structure, this perhaps being due, as previously mentioned, to inexperience in these areas. One supervisor, Respondent Number 1, indicated a high concern for team work, a concern echoed by a charge sister (Respondent Number 9). The latter also

considered motivation a problem within the Division, and this needs to be addressed.

As a group, there was perceived difficulty with team work, motivation, rewards, personal stagnation, management development and organisational structure. These will be investigated individually. The lack of team work within the Queen Alexandra Division is seen by the author as one of the major problems at present affecting organisational effectiveness. This is due to a variety of reasons, the major ones being the geographical isolation between the different units, the lack of opportunity for group discussion and problem solving, and limited management experience, both theoretically and practically within the senior staff. As indicated by an analysis of educational qualifications of the staff at the Queen Alexandra (see Chapter Three) the majority of staff have not attended further educational institutions on completion of their midwifery certificate. This is in part due to lack of availability of such institutions in Tasmania until very recent times, but also to a lack of motivation. There is no compulsory requirement for applicants for senior

positions to have such qualifications, and there are limited inservice programs available. One of the problems associated with previous inservice programs is that, due to staffing difficulties, senior staff could not be released from ward duties. Poor teamwork can be recognised by a failure to reach organisational goals; lethargy and lack of motivation amongst team members; competition between group members; and a lack of integration. (Woodcock and Francis, 1987, p. 69.) It is the author's belief that aspects of poor team work within the Division can be demonstrated by some of the above. Organisational goals have been articulated, but many staff members are mainly concerned with the goals of their particular unit (there are seven individual units within the Division) rather than the overall organisational goals. This could be overcome in part by increased opportunity for the senior staff to meet and discuss their goals and problems, this opportunity being one of the major benefits of the proposed staff development program.

There is a lack of motivation among staff members - again demonstrated by the high concern elicited by

the Blockage Questionnaire - and this is one area which clearly needs to be addressed. Since the appointment of a staff development officer for the Queen Alexandra Division there has been a noticeable improvement in the motivation levels of staff at all levels, and it is felt that the implementation of a planned program would greatly increase this already started motivational force. Due to the unitisation of the Division, and the perceived need to compete for both power and resources, the staff have not been functioning as a team. Improved communication between the individual units, and a planned rotation of junior staff through each unit is expected to have the positive effect of improving team work for the Division as a whole.

Leadership plays an important part in team building, as it is by attention to individual needs while maintaining group goals, ensuring a climate of trust and team loyalty, and clearly articulating the organisational goals and philosophy that team work can be enhanced. The author is endeavouring to ensure that these aspects of leadership are being fulfilled. A vision for the future of the Division has been articulated and distributed to all areas, and is readily available for perusal and discussion.

This could be supported by the very low level of concern expressed by most respondents to the Blockage Questionnaire in relation to the aspect of management philosophy. Staff members are actively encouraged to participate in organisational committees, both on a voluntary and a co-opted basis. An 'open-door' policy is espoused, with every staff member being encouraged to seek assistance as necessary.

A developing team works through four main stages – formation, when there is an initial wariness and lack of cohesiveness; settling, when the group faces problems more openly, with an articulated concern for the views of all members; self organisation, when functioning is defined in decision making process such as clarification, establishing objectives, collecting data, considering options, planning and evaluation; and a final stage in which the team has reached maturation, with concern focused on the principles and responsibilities of management, and flexibility ensuring a creative approach to problem solving. It is the author's perception that the 'team' of senior staff within the Queen Alexandra Division have reached the 'settling' stage, as

communication is improving and becoming more open, and there appears to be a wider concern for the problems faced by individual group members.

As mentioned previously, motivation was perceived as an area of high concern. Herzberg (cited in Owens, 1981)has postulated that maintenance factors, such as monetary rewards, are not motivating factors, but that motivation comes from such aspects as achievement, recognition, responsibility, advancement, and personal and professional growth. It is therefore to these aspects that attention must be paid when attempting to evaluation why there is a perception of low motivation within the Queen Alexandra Division. Much of the perceived job dissatisfaction occurs because of an underutilization of professional midwifery skills, due in part to medical dominance in the field of midwifery practice. This is difficult to overcome, but attempts are being made to ensure that the responsibility and accountability which should be taken by each individual midwife within her clinical practice is accepted as part of the role. Involvement in forward planning is encouraged, and intrapreneurial ideas

are encouraged. Personal and professional growth is the basic criterion for the proposed staff development program, and it is perceived that, on implementation of this program, motivation should increase within the participating staff members. At the present time a career structure for nurses is being sought industrially, and this should provide an overt means for advancement, which may also lead to improved motivation.

The next area of high concern noted by senior staff members related to rewards. Monetary renumeration has long being a source of dissatisfaction for nurses / midwives, and it is outside the scope of this paper to seek means of overcoming this blockage. However, there are other less tangible reward systems which could be addressed, such as recognition of achievement, praise , and the meeting of individual needs as far as possible. Individual assessments in nursing have tended to emphasise weaknesses rather than strengths within individuals, and this needs to be redressed. Certainly as part of an education program evaluation skills can be improved to assist in the recognition and articulation of positive aspects of

performance.

Personal stagnation was articulated as an area of concern within the Queen Alexandra Division. Woodstock and Francis (1979) have noted that the unique capacities and inclinations of individuals can often be lost within a bureaucracy (p 89) but this can be prevented by creating conditions which encourage personal growth. They suggest that the setting of organisational standards which challenge individuals can assist in the development of an organisational climate which encourages creativity and involvement in problem solving. Much of the discussion related to preventing personal stagnation can be equated to the principles of adult learning, and this is one of the underlying concepts which would be espoused by the proposed staff development program.

Management development and organisational structure were recognised as medium areas of concern within the Division. The former is of great concern to the author, as it is felt that very little importance has been placed on

the development of sound management principles for senior personnel, and this needs to be addressed as a matter of priority. The organisational structure may alter with the proposed implementation of a career structure, but in the short term, attempts are being made to encourage senior staff to accept more responsibility for the management of their individual units, thus effectively flattening organisational control.

The assessment of the Blockage Questionnaire has provided a valuable tool by which present organisational functioning, as perceived by senior staff, could be evaluated. However, if organisational effectiveness is to be improved, the ability of the Division to change and accept an altered perspective is an important consideration. To this end, the model to assess an organisation's ability to respond to change proposed by Peebles (1987) is utilized.

EVALUATING ORGANISATIONAL CHANGE.

Peebles (1987), by a series of diagnostic questions, developed a model by which the management of change within an organisation could be assessed. The

framework for the model covered change strategies, corporate planning, communication and consultation, organisational culture, participant management and leadership. The use of this model to assess the ability of the Queen Alexandra Division to change may provide a further indication for the possible success of the planned staff development program. The questionnaire was completed (See Table 2.) and from this it was obvious that the organisation did have the ability to accept change, the majority of responses being in the affirmative. However, it is considered necessary to expand upon some aspects of each section of the questionnaire.

CHANGE STRATEGIES.

This dissertation forms the framework of the planned change within the Queen Alexandra Division, and the author considers that to this extent the change is planned. This may be questioned in that the change has already, to an extent, been implemented – a staff development officer has been appointed, as previously mentioned, and her role has been to encourage participation in those educational offerings which are presently available. However, as a complete integrated program has not yet been implemented,

this answer was given in the affirmative.

Goals within the Queen Alexandra Division have been prioritised. An articulated vision for the Nursing Division has been circulated, and from this short and long term goals developed. These have been distributed to all units, and are freely available to the staff for discussion. These will form one of the bases for evaluation of organisational goals at the end of a twelve month period, when they will be reviewed and re-articulated as necessary.

A support network has been established to support the planned change. Within each of the planned educational programs an evaluation and group discussion session is planned to ensure the goals of both the organisation and the participants have been met. The staff development officer has, as one of her functions, a counselling role, and within this is the expectation of support for individual staff members.

Due to the articulation of the long and short term goals for the Division, and the questionnaire concerning the need for an educational program for staff which will be discussed in the forthcoming chapter, staff members within

A FRAMEWORK FOR ORGANISATIONAL CHANGE

1. CHANGE STRATEGIES:		YES	NO
a)	Has the change to the organisation been planned?	☑	☐
b)	Is there evidence of prioritising organisational goals?	☑	☐
c)	Is there a provision for a support network to assist the change process?	☑	☐
d)	Is there a feedback and change evaluation process?	☑	☐
e)	Is the organisation prepared for the change?	☑	☐

[Katz & Kahn; Owens and Steinhoff; Havelock; Cunningham; Toffler; Schein & Bennis; Ackoff; Kanter.]

2. CORPORATE PLAN		YES	NO
a)	Does a Corporate Plan exist?	☐	☑
	(If NO, do not continue in this section)		
b)	Does the Corporate Plan include:-		
	i) goal setting?	☐	☐
	ii) policy making?	☐	☐
	iii) short-term plans?	☐	☐
	iv) medium-term plans?	☐	☐
	v) long-term plans?	☐	☐
	vi) budget implications?	☐	☐
	vii) an evaluation process?	☐	☐
c)	Does the Corporate Plan cover the entire organisation? (i.e. "all-over-at-once"planning)?	☐	☐
d)	Is the Corporate Plan interactive?	☐	☐
e)	Is the Corporate Plan the result of a participative process?	☐	☐
f)	Is the organisation's Corporate Plan a continuous process?	☐	☐

	YES	NO

g) Has the Corporate Planning process considered the environment in which the organisation operates? ☐ ☐

h) Have strategic and operational plans been clearly identified? ☐ ☐

i) Does the Corporate Plan belong to the entire organisation? ☐ ☐

[Caldwell; Ackoff; Howe; Owens & Steinhoff; Havelock; Cunningham; Bowles & Gintis]

3) COMMUNICATION AND CONSULTATION YES NO

a) Are these adequate and effective communication "channels" within the organisation? [◁——▷]

b) If so, are these "channels" multi-directional? [◁——▷]

c) Does the organisation discourage "short circuiting" communications channels? ☑ ☐

d) Does the organisation discourage specific exclusion from information sharing? ☑ ☐

e) Are staff who have a stake in the outcome of decisions allowed or encouraged to make an input into such decisions? ☑ ☐

f) Are staff who have an expertise in particular areas always consulted before decisions affecting those areas are taken? ☑ ☐

g) Is management open and honest with staff? ☑ ☐

h) Is information easily shared between management and staff? ☑ ☐

[Barry & Tye; Cunningham; Bridges; Hoy & Miskel]

4) ORGANISATIONAL CULTURE YES NO

a) Is the "culture" of the organisation recognisable? [◁——▷]

b) Have the common beliefs and values of staff within the organisation been considered in view of the planned change? ☑ ☐

	YES	NO

c) Have all accepted organisational conventions and courtesies been extended? ☑ ☐

d) If the organisation operates at more than one location, has allowances been made for variances of cultures? ☐ ☐

e) Have staff been encouraged to express their "vision" for the organisation? ☑ ☐

f) If so, have staff visions been considered in the planned change process? ☑ ☐

g) Does the organisation's management share the common culture of the organisation? �⟩

h) Are staff committed to the success of the organisation? ☑ ☐

[Fink; Jenks & Willits; Hoy & Miskel; Hilmer; Sergiovanni]

5) PARTICIPATIVE MANAGEMENT

	YES	NO

a) Do workers participate in decision making processes which effect them? ☑ ☐

b) Do formal work teams exist? ☑ ☐

c) Are all groups and key personnel represented in organisational decision making? ☑ ☐

d) Are group interactions easy? ⟨←→⟩

e) Are staff sharing authority and responsibility with management? ☑ ☐

f) Is the staff "satisfied" with their work? ☑ ☐

g) Is productivity up to the level it could be? ☐ ☑

[Abrahamsson; Watson; Cunningham]

6) LEADERSHIP

	YES	NO

a) Does the leader have the same "vision" for the organisation as the staff? ☑ ☐

b) Does the leadership style suit the organisation's culture? ☑ ☐

		YES	NO

c) Does the leadership style suit the situation? ☑←—→☑

d) Is the leader a good communicator? ☑ ☐

e) Is the leader a good listener? ☑ ☐

f) Does the leader allow involvement in decision making? ☑ ☐

g) Is the leader "in touch" and understanding of the history and culture of the organisation? ☑ ☐

h) Does the leader focus on key issues and variables? ☑ ☐

i) Does the leader express strong feelings about attaining the organisation's purpose? ☑ ☐

j) Does the leader trust others? ☑ ☐

k) Does the leader approach problems in terms of the present and future? ☑ ☐

l) Is the leader capable of continuing without approval and recognition from others? ☑ ☐

[Fiedler & Chemers; Kanter; Bennis & Nanus; Peters & Waterman; Owens; Vaill; Hersey & Blanchard; Sergiovanni]

the Division are aware of the planned change, and appear very supportive.

CORPORATE PLAN.

There is no overall corporate plan for the Queen Alexandra Division, or for the Royal Hobart Hospital, although the latter is in the process of development. This creates a great deal of difficulty in program budgeting, and this omission needs to be addressed at the earliest opportunity. However, it is outside the jurisdiction of the author to develop such an encompassing document, although the need for one is clearly recognised. This section of the model for assessing organisational change is therefore answered in the negative,

COMMUNICATION AND CONSULTATION.

There was a degree of ambivalence experienced when addressing the problem of communication within the Division. As mentioned in the previous section there is a degree of difficulty in ensuring all channels of communication are effective. Some are very ineffective. There is limited

communication on an administrative or planning level between the medical and nursing staff, although efforts have been made to remedy this. This is an ongoing problem, and must be addressed. This communication channel, however, will not effect the planned change, as it is directed at nursing staff only. Some difficulty exists in ensuring adequate communication below senior staff level. This is being addressed by the provision of monthly staff meetings, held between registered midwives and the Assistant Director of Nursing. Senior personnel are requested not to attend, this being the request of the registered staff. The agenda for these meetings encompasses three main goals – to enable staff to raise any issue they see as important, to pass on the happenings around the Division from an administrative point of view, and to enable staff from all units to have the opportunity of talking together. These meetings have proved to be of great value, in that comments and discussion
have
✗ has originated from staff members themselves, and attendance numbers from all areas has been good. It is planned these meetings will continue on a permanent basis.

The author has an 'open door' policy in relation to

availability to staff, and through this it is hoped "short circuiting" of communication channels is achieved. New initiatives are encouraged, and all staff are encouraged to participate on committees investigating current issues. Obviously numbers of such committees need to be limited, but the opportunity is offered to as many as possible. This has already proved to be one very successful means by which personal development has occurred in those staff members who have participated. It is hoped all information is shared with all staff members - this is one of the short term goals of the Nursing Division, and there does appear to be an improvement in this area. In instances when particular expertise is needed, committees are formed by invitation to ensure that all possible relevant input has been sought.

It is the author's contention that the communication channels within the Division are adequate, although there is an articulated aim of improving these. Effectiveness of communication is improving, and this has led to a largely affirmative response to the diagnostic questions developed by Peebles.

ORGANISATIONAL CULTURE.

If consideration is given to the organisational culture from a nursing perspective, this is recognised by a clear majority of the staff. A philosophy is articulated, the aims of the organisation have been outlined, and the norms and values well understood. Most midwives agree with the philosophy of the Division, and their practice is based accordingly. However, it would be negligent to assume that there is no dissent. The author would assert that this dissent is in fact healthy, and can provide a basis for both discussion and evaluation of goals. The Nursing Division philosophy is based on a family-centred, non-interventionist, participatory model of maternity care. This does not necessarily agree with the medical philosophy, and at this point the organisational culture may be at variance. This latter fact does create some ambivalence within the nursing staff.

The planned change has taken the views of staff members into consideration. Their views have been sought, both formally through the developed questionnaire, and informally in group and individual discussion. The majority of staff

have indicated their support for the education program, and are thus committed to its success. As the approach to the planning of the educational program will be based on the articulated needs of the participants, in line with adult learning theory, it is postulated that this commitment will be overt.

PARTICIPATIVE MANAGEMENT

The means by which participation in the decision making processes within the Queen Alexandra Division is encouraged has already been noted. Formal teams do exist within the Division, if it is considered that each unit works separately for a common goal. It is hoped that other teams will develop as a result of the planned educational programs. Group interactions are not always easy, although this is improving. It is the contention of the author that the majority of the staff do experience job satisfaction, a fact that is supported by the very low turnover of staff, and the usually full staff establishment.

Productivity is not up to optimal levels although this is not an admission of low standards. One of the

reasons for the initiation of this planned change is to improve productivity - both from the client's perspective, and from that of the staff. This question was therefore answered in the negative.

LEADERSHIP.

This was a difficult section to assess, as the author was basically undertaking a self assessment. Most questions were answered in the affirmative, although that related to style could be questionned. Due to lack of management skills among some of the senior staff, as previously mentioned, the preferred style of the author, which is largely based on delegation and participative management, has proved to create difficulties for some staff members. However, as their skills improve, it is foreseen this difficulty may be overcome. The author's personal philosophy acknowledges the potential and creativity within each individual, and it is this which has formed the impetus for the planned education program.

A GENERAL EVALUATION OF THE ORGANISATION.

The analysis undertaken above demonstrates a relationship to those aspects of organisational effectiveness outlined in Chapter 2. A reiteration of those aspects delineated by Peters and Waterman (1982) suggest some alternatives could be considered. One of the major problems seen by the author is the relative slowness with which the Queen Alexandra Division responds to articulated comsumer needs. Many of these are not accepted as valid by some medical and midwifery staff, and as a result division can occur. This problem is outside the scope of this dissertation, but it is necessary to acknowledge this aspects of organisational inefficiency.

Autonomy among the midwifery staff is not readily accepted as a professional responsibility, and it is hoped that one of the outcomes of the planned program will lead to an extention of this role. Similarly, the opportunity for intrapreneurship has not traditionally been encouraged among nursing disciplines, but this will also change with a more conducive organisational climate.

SUMMARY.

Organisational effectiveness has been examined from two main perspectives. A questionnaire investigating blockages , developed by Woodstock and Francis, was given to senior staff, and the analysis of their responses provided an indication of the problem areas within the organisation which need to be addressed if the planned change is to be successful. The ability of the organisation to change was outlined by the use of a model of diagnostic questions suggested by Peebles (1987).

The above analysis indicated that there is the potential for the successful implementation of change within the organisation, although attention needs to be directed to communication networks, the development of team work, motivation and rewards. The success of the planned change is dependent upon acceptance by the staff, and for this reason their opinions were sought. A questionnaire was developed to provide an opportunity for all registered midwives to comment on the proposed educational program, and the developmental process undertaken, with an analysis of

the results obtained providing the next step in the
planning for professional development, outlined in the
forthcoming chapter.

CHAPTER 4.

ELICITING THE PERCEIVED STAFF DEVELOPMENT
NEEDS WITHIN THE ORGANISATION.

INTRODUCTION.

As noted by Duke (1987, p 140) 'personal expectations play a key role in determining behaviour.' It was therefore considered essential that the expectations of all registered midwives employed within the Queen Alexandra Division in relation to their perceived educational needs be sought. The provision of programs to meet the educational needs of staff within the Division has been on an adhoc basis, with little thought to co-ordination or forward planning, and although these have provided a basis for continuing education , their effectiveness in terms of professional or personal development has not been assessed. The assumption that education programs should be based on the needs of participants necessitated an analysis of what staff members actually perceived such programs should provide. To this end a questionnaire was developed

(Appendix 2) , the processes of this development, and an analysis of the results being the subject for this chapter. Discussion focuses on the developmental processes, the reason for inclusion of the various components of the questionnaire, an analysis of the results, including the statistical methods employed; and the general information which will assist in the development of specific educational offerings within the overall planned staff improvement program.

QUESTIONNAIRE DEVELOPMENT.

An analysis of the literature had suggested that, when considering a staff improvement program, delineation should be made between those facets which related to professional development - orientation programs for new staff, continuing education sessions for the maintenance of standards, and those sessions aimed at increasing knowledge about changes within the field of professional practice - and staff development programs, which focus on changes in people, including changes in behaviour, understanding, and

attitude. Associated with this is the need to evaluate organisational development and effectiveness, for it is only within a climate of support that personal growth will occur. Consideration needed to be given, therefore, to these aspects during the questionnaire development process.

The questionnaire was divided into six sections - general information, which sought to establish a demographic data base about the respondents, and from this to establish an outline of the organisational membership; opinions about the need to an orientation program for new staff; the perceived need for a ward based professional development program, and perceptions concerning its format; the need for a hospital based education program, and its frequency; research within the Division; and the support for a first year rotation / management program. General comments were also sought.

It was decided to include demographic information in the questionnaire in order to provide a foundation for the assessment of the programs needed, and the priorities for the implementation of such programs. There has not been

such an analysis performed within the Queen Alexandra
Division previously, planning being based on assumptions
rather than actual demographic information. The age of the
respondents was sought, as this may impact on both the
programs chosen, and the presentation style necessary if
consideration is given to adult learning principles. Time
since completion of the respondent's midwifery education
course was sought, mainly to assess the number of
respondents who could participate in the planned programs –
for example, the first year rotation program. It was
perceived as necessary that some peer group sessions should
be offered within the overall program, as if a valid
assessment of cost was to be made, this information would be
necessary.

The location of the respondent's training school
has implications for both future staffing, and the content
of the offered programs. Orientation programs are offered
to staff from other maternity units on commencement at the
Queen Alexandra Division, and there is a cost factor in this
which needs to be evaluated. Some insight may also be

gained into the frequency with which such orientation programs would need to be provided. If most of the respondents, and therefore hypothetically the participants in the offered programs, have been educated within the Queen Alexandra Division, some assumptions can be made about their previous educational opportunities and experiences, and this may impact upon the subjects chosen for these programs.

Sugarman (1988) had noted that the greatest hindrance to attendance at educational programs was part-time employment, a question on the employment status of the respondents who therefore being included in the questionnaire. The level of educational attainment of participants has been demonstrated to be the single most important predictor of attendance at staff development sessions, (Millonig, 1986), and for this reason a series of questions was included to elicit both nursing and tertiary qualifications of the respondents. The area of main clinical interest was included, as it was felt this would provide a guide to the units in which ward-based development programs were needed.

Three questions were included to elicit the respondents perceptions on the relationship between personal responsibility and professional development, support for the concept of a professional and personal development program , and whether such a program should be compulsory. The first two questions in this bracket were attached to a five point Likert scale, with responses requested between not important / minimal support to very important / strong support.

The sections of the questionnaire covering specific programs sought comment on the need for these programs; the length of the programs; the frequency; and the subject matter which could be included. Some response was sought concerning the organisation of the programs, and the presenters. In view of the research which suggested that family commitments proved to be an important factor in attendance at educational programs (Parochka, 1985), a question was included to assess whether staff would attend arranged educational sessions in their own time - that is, in off duty time.

The need to undertake research as a basis for clinical practice has long been recognised within nursing disciplines, but there is still relatively little being undertaken. As the author would like to increase this aspect of professional practice among staff members within the Queen Alexandra Division, a series of questions was included in relation to this topic, and the opportunity to comment on possible research topics was given.

DISTRIBUTION OF THE QUESTIONNAIRE.

The questionnaire was developed by the author and then discussed with senior staff members to ascertain whether it was felt the information sought was both valid and could form the basis upon which an educational program could be planned. 190 questionnaires were distributed to all registered midwives within the Queen Alexandra Division in January, 1988, each being individually addressed to ensure all staff were given the opportunity to comment. This number related to registered midwives, and those staff members who did not fulfil this criterion were not included

in the survey. There are very few staff members who are not registered midwives, or undertaking the Course in Midwifery Nursing. The actual numbers of these staff members are two Tasmanian Auxiliary Nurses, and nine Mothercraft Nurses, five of whom are employed on a full time basis. Due to the changing management and perceptions of midwifery practice, these staff members are unlikely to be replaced should they decide to resign from the organisation. There is also a perceived difficulty in providing educational programs for their specific needs, as they are deployed in differing units within the organisation, and do not move to other wards. Half of these staff members work on night duty on a permanent basis, which increases their lack of accessibility to educational programs.

103 questionnaires were returned, *which represents* a 54.2% response rate. This was considered adequate for an assessment to be made of the perceived educational needs of registered midwives.

THE GENERAL ANALYSIS OF QUESTIONNAIRE RESPONSES.

The majority of the respondents were aged between 26 and 30 years, although the age distribution was relatively even over all age groups. (Figure 1.)

Time in years since the completion of the midwifery course indicated that there was a marked level of senior staff employed at the Queen Alexandra Division, the actual distribution of experienced staff indicative of the fact that women are the predominant employees, and many of these choose to have their families within the time period of 6 months to five years following completion of their studies. (Figure 2). The fact that the majority of the staff midwives completed their midwifery education more than five years previously has implications for the costing of any education program which is implemented. Within the Nursing Awards, increased renumeration is made for each year of service up to a maximum of five years, and thus the majority of staff are payed at the highest rate per hour for a registered nurse position.

Figure 1. Distribution of respondents by age (yr).

71.
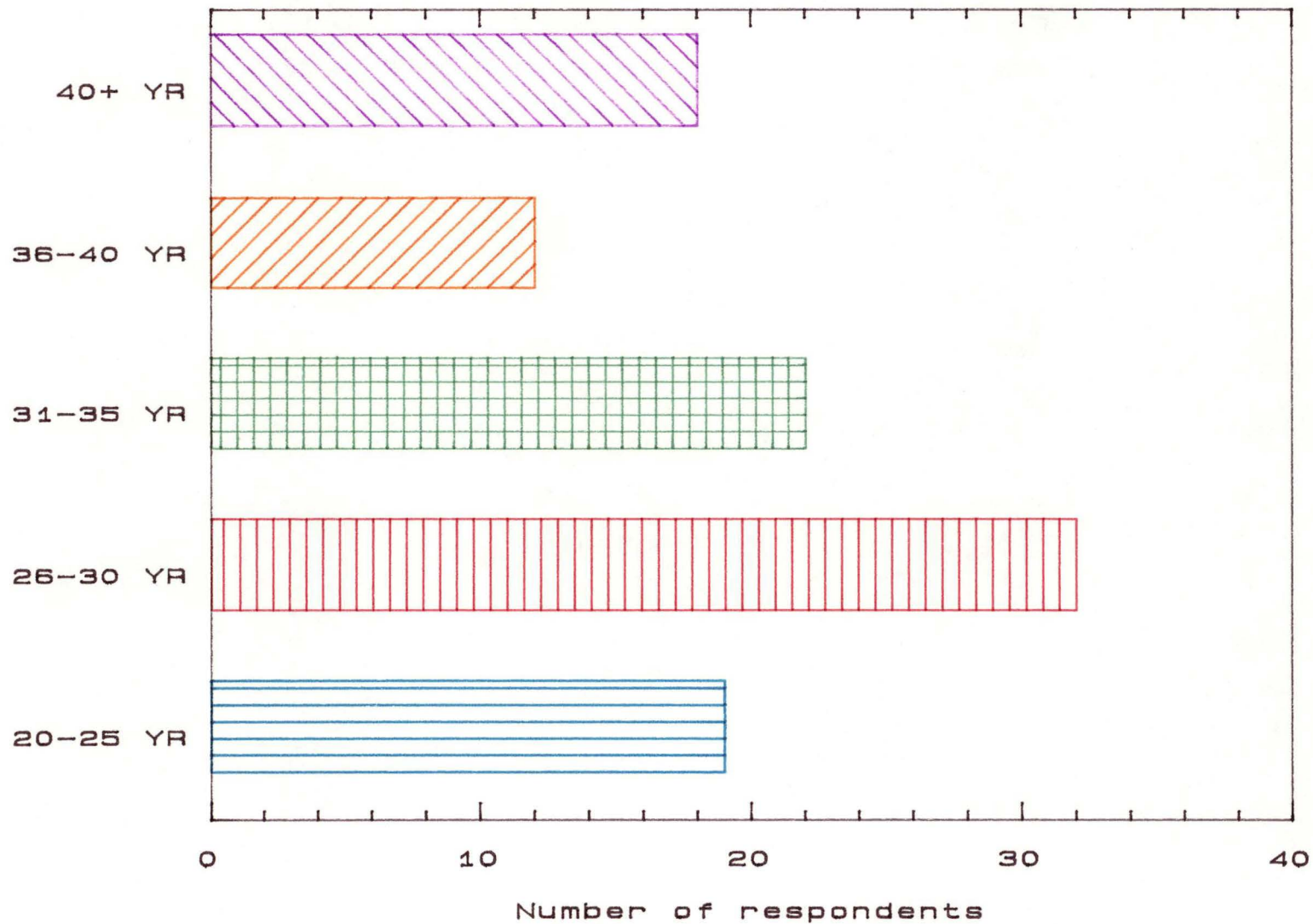
Figure 2.Time since Completion of Midwifery.
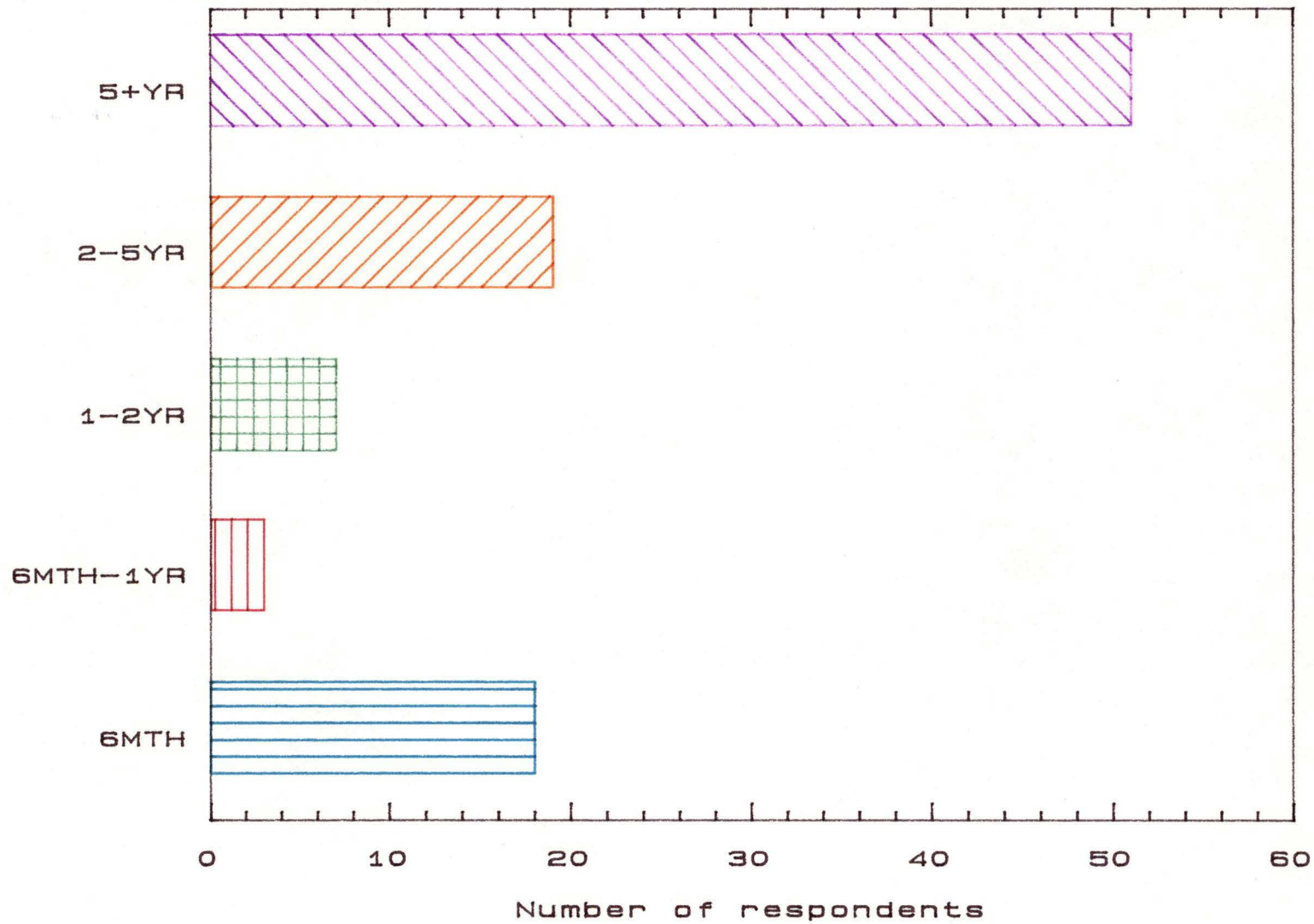
Significantly, most of the respondents had undertaken their midwifery training in Hobart. (Figure 3). Most respondents (73) did not have other postgraduate nursing qualifications, (Figure 4) and only 18 were at present undertaking tertiary studies. This figure is of concern when consideration is given to the changes which are occurring at present within nursing and midwifery. Promotional opportunities will be limited with the implementation of the planned career structure unless there is a demonstrated commitment to professional development and educational qualifications.

Many of the respondents worked on a part time basis. This percentage (38.8%) equates closely with the actual percentage of partime registered midwife employees at the Queen Alexandra Division (39.9%), a fact which validates the use of the information gained as a basis for the planning of educational needs within the hospital.

A clear majority of respondents perceived that professional development was a personal responsibility (Figure 5). This response was requested on a five point

Figure 3.Location of Training Schools.

74.
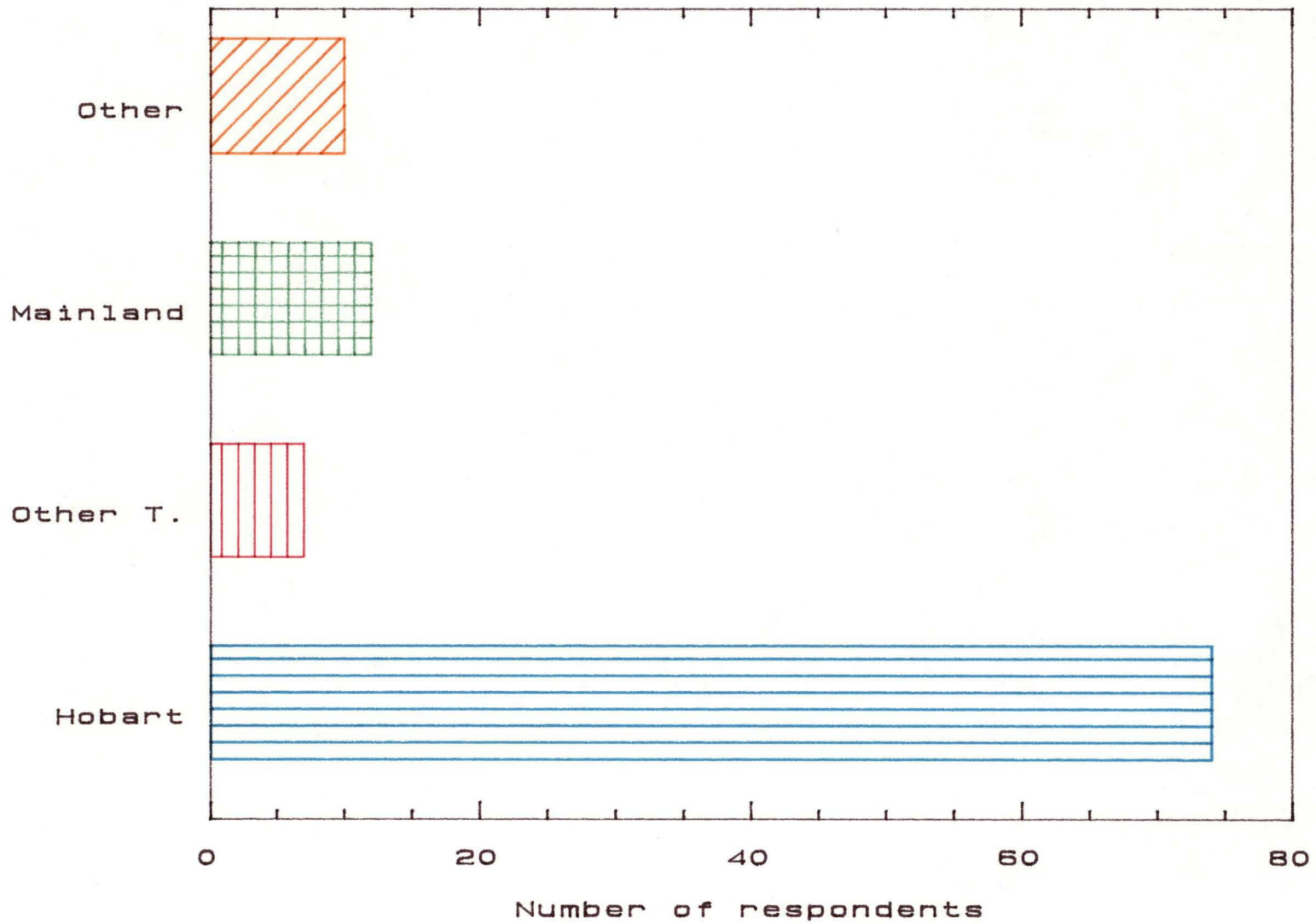
Figure 4.Nursing Qualifications.

75.
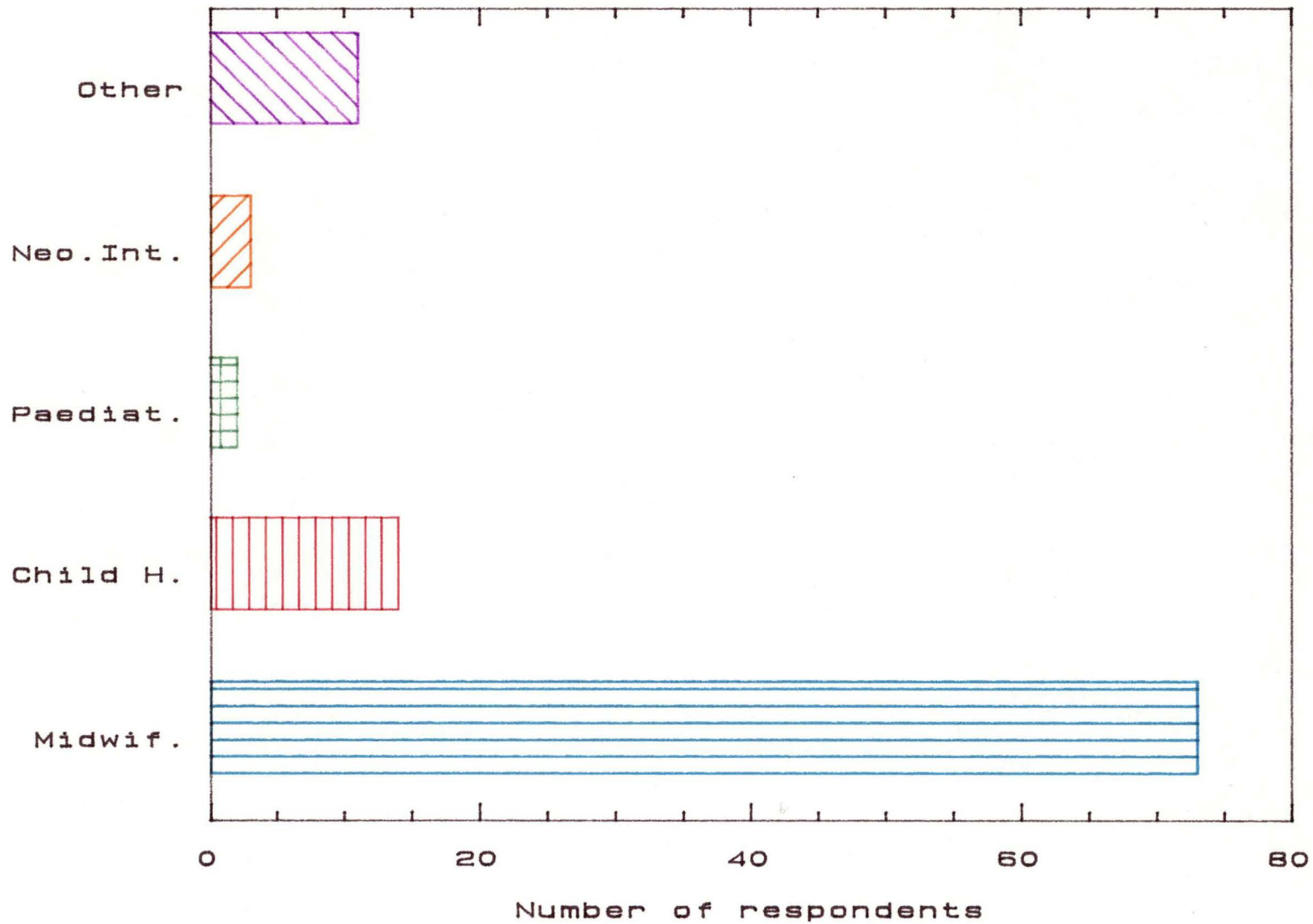
graded scale from not important to very important, with 96%
of respondents indicating a positive perception of three or
above.   There was also clear support for a professional
development program within the hospital. (Figure 6) This was
reiterated by the response to the question 'Should there be
a professional development program for the Q.A.H. as a
whole?' with 91% of respondents supporting this concept.

55.9%   of   the   respondents   indicated they   would
attend educational programs in their own time.   This is an
interesting figure when consideration is given to the
findings of Parochka (1985). However, if attendance at staff
development programs is to be encouraged, there is obviously
a need to provide some of these within work time. This in
itself is a limiting factor, as the amount of time available
within a working day for formal educational opportunities
varies according to the patient load and ward occupancies,
which are difficult to predict.

The majority of respondents saw a need for an
orientation program for new staff, with the majority

Figure 5.Perception of Professional
Development as a Personal Responsibility

Number of respondents
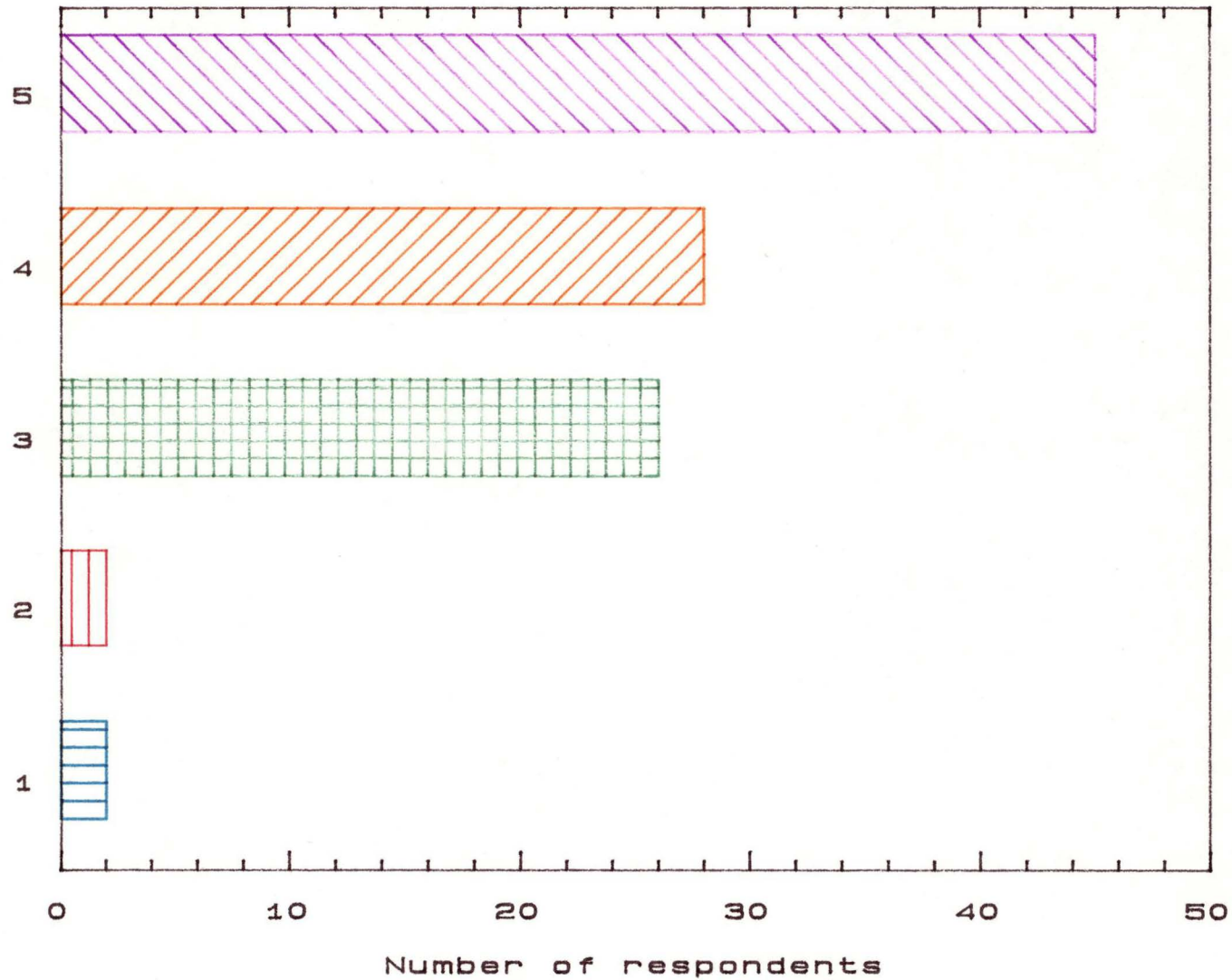
Figere 6.Support for a Professional
Development Program.
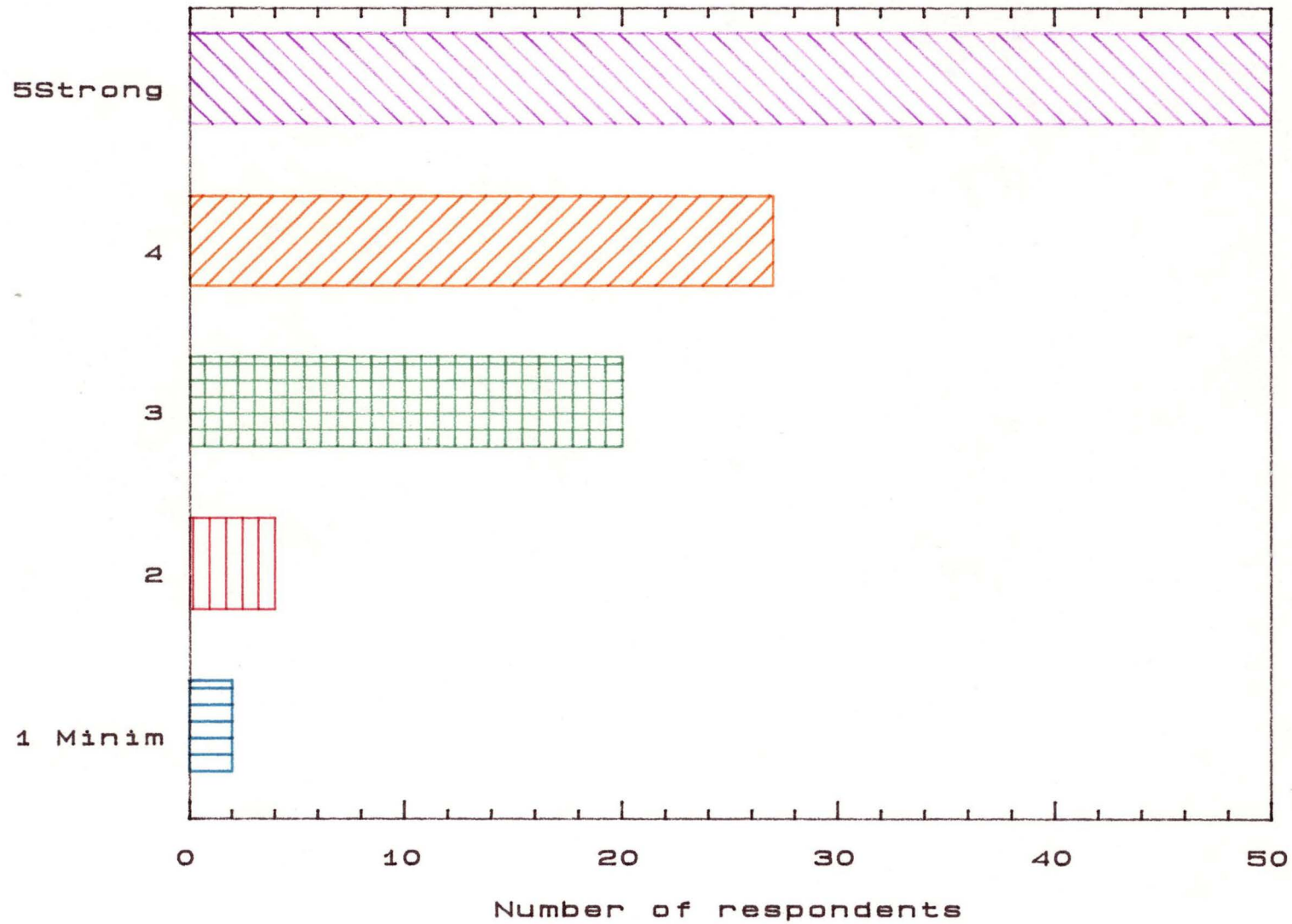
indicating this should be a three day program. Such a program is not frequently utilized, as the majority of midwifery staff actually undertook their basic midwifery training in Hobart. (See Figure 3). However, for those staff who do originate from other health institutions, the need to orientate them to the Queen Alexandra Division is important to ensure both an acceptable standard of care, and to assist them to understand the culture and norms of the organisation itself.

There was an overwhelming support for a ward based professional development program, with 101 respondents indicating they saw a need for this. However, the frequency of such a program was very evenly divided over the suggested times of weekly, fortnightly, or monthly. (Figure 7) 77 respondents preferred these sessions to run for half an hour, this being a possibility within the present system of rostering. It is a requirement of hospital accreditation standards that some education is provided at ward level, the rostering system allowing for a period of time (between 2.30 pm and 3.30 pm) at the shift change when staff numbers

Figure 7.Frequency of Ward-based Education Program.
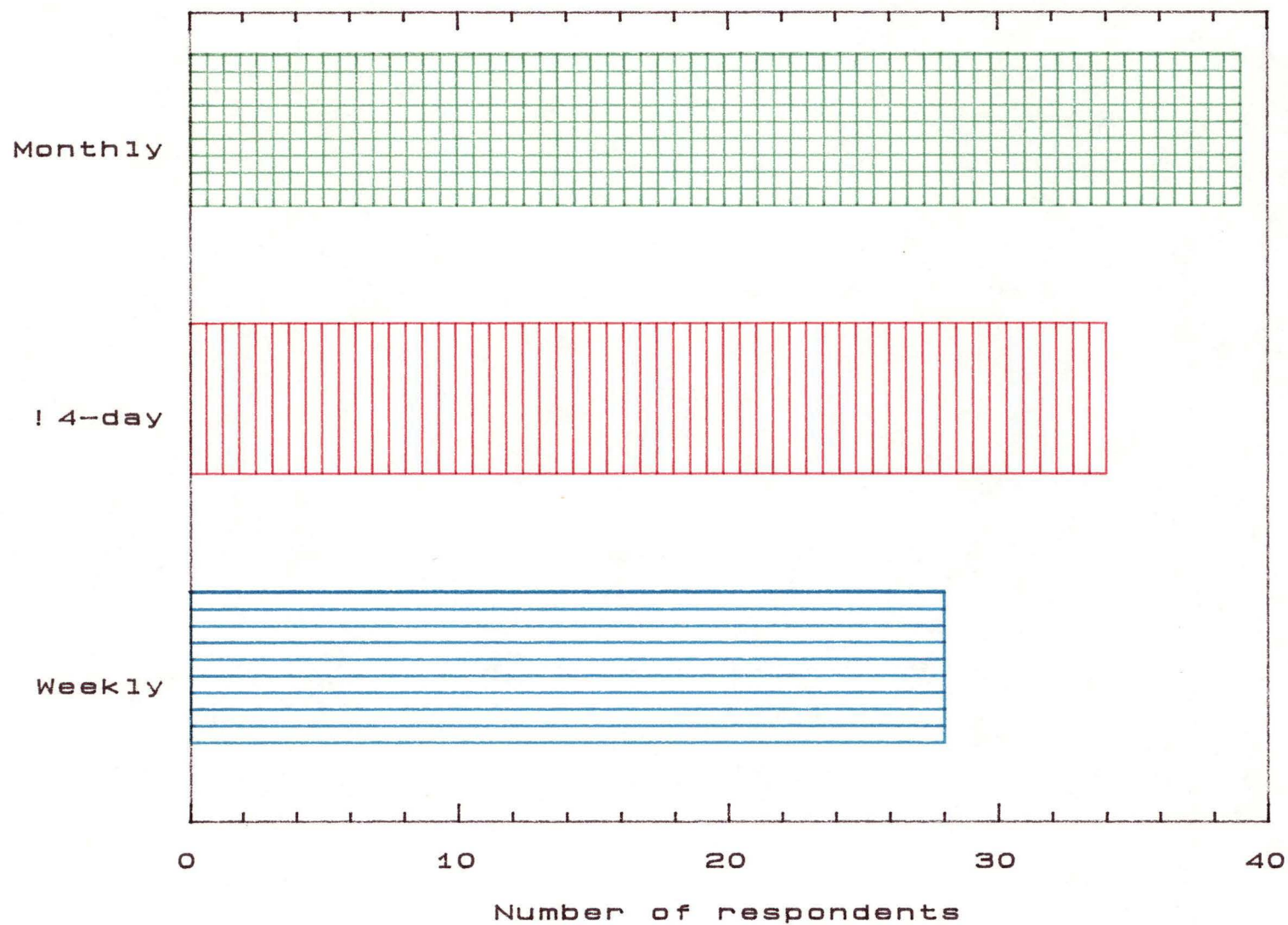
are doubled.   Part   of this time   is used for   handover of
patient information,   while the   other could be   utilized as
mentioned.

        There was also marked support for a hospital based
staff development program, 91 of the respondents indicating
this   would be   of value.   However, the perception   of the
length of these   programs   differed markedly.   (Figure   8)
Once again the majority of respondents supported a half hour
session, although there was also support for an hour or half
day   session.   If   the   differentiation between   continuing
education and staff (or personal) development   as suggested
by Duke   (1981) is accepted,   the time frame for   a hospital
based staff development program would most probably need to
be   at least   a half   day.   This has   implications for   the
allocation   of   resources,   both   human   and   financial,   as
participants would need   to be released from   ward duties to
attend, if they would not do so in their own off duty time.
It   was   interesting   to   note   that   62.9%   of   respondents
indictated that a professional development program should be
compulsory.

Figure 8.Length of Sessions for Hospital
-based Education Program.
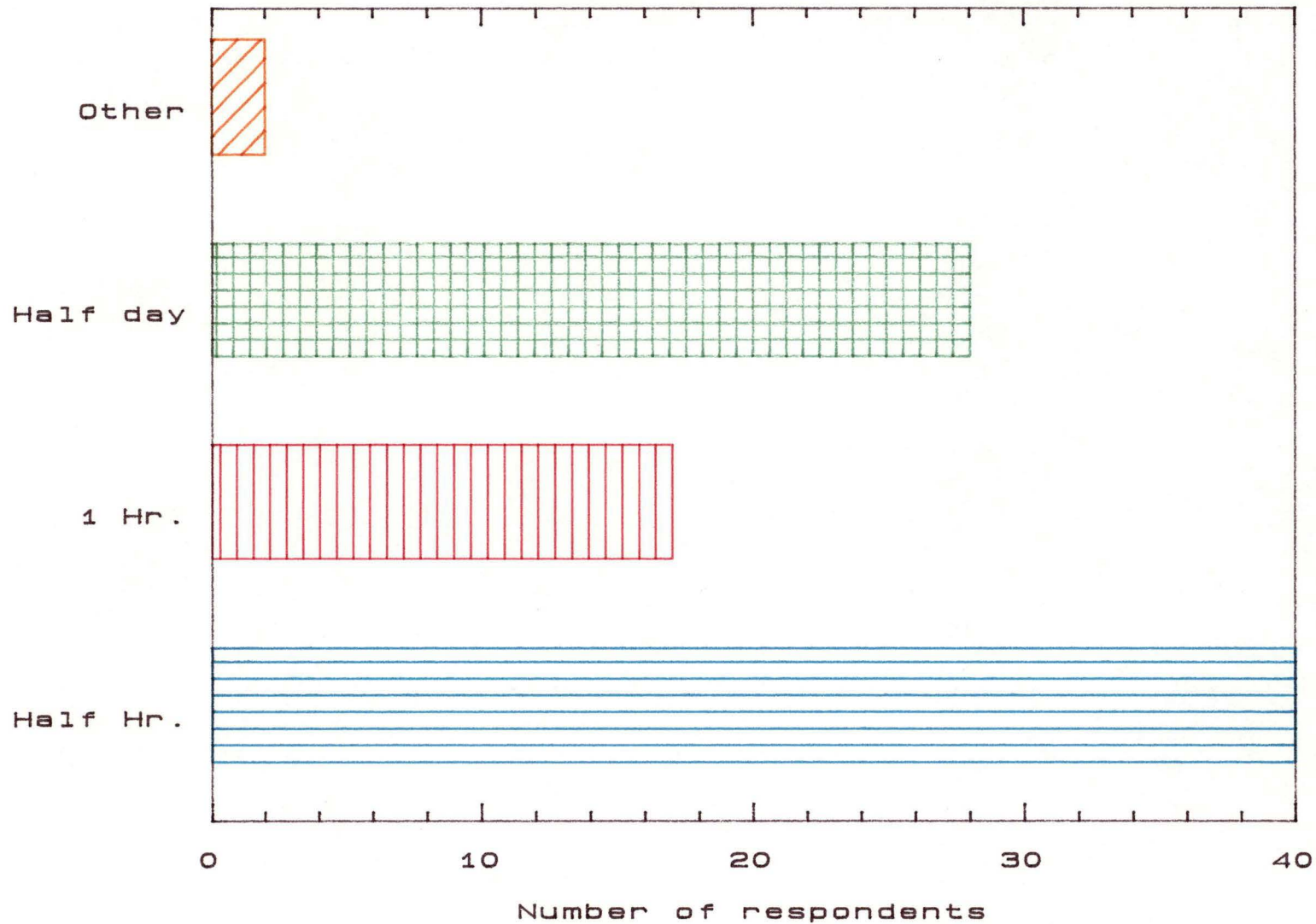
Figure 9.Initiation of Research.
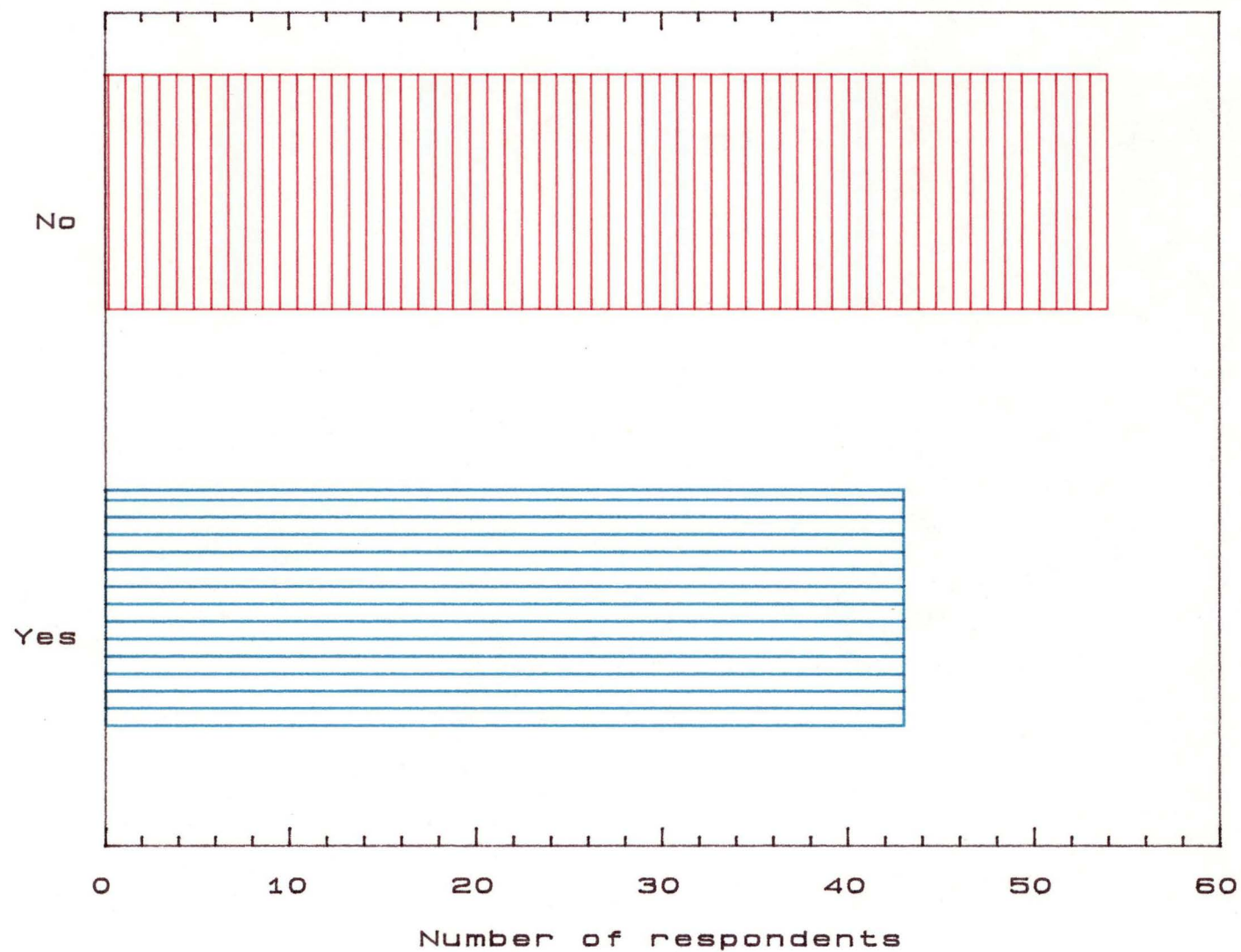
Figure 10.Need for Research.
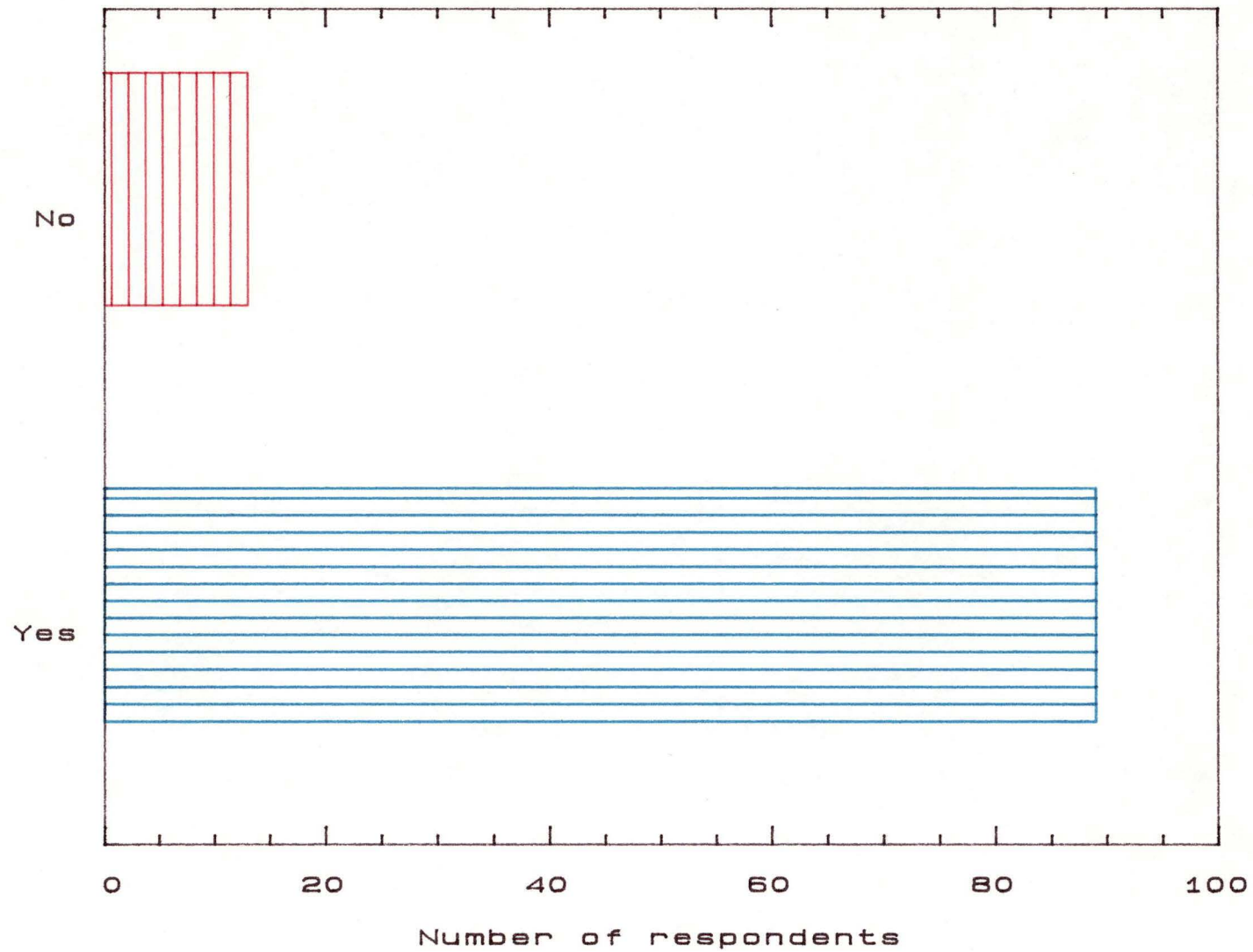
Although a minority of respondents felt they could initiate research, (Figure 9), there was an overall support for both the concept of research within the hospital, (Figure 10), with the majority of respondents indicating their willingness to participate should research occur.

STATISTICAL ANALYSIS OF THE RESPONSES.

An analysis of correlations between all the variables studied was undertaken. No significant correlation was found using a Pearson product-moment correlation coefficient. (Appendix 3) A Chi square analysis was performed to assess the relationship between the variables of part-time / fulltime work and attendance at educational programs in off duty time; part-time / fulltime work and the participation in tertiary studies. (Tables 3 & 4) No significant differences were found. These results do not therefore support the findings of Sugarman (1985) in

TABLE 3.

ATTENDANCE AT CONTINUING EDUCATION PROGRAMS IN
OFF DUTY TIME IN RELATION TO FULL OR PART TIME
EMPLOYMENT.   CHI SQUARE ANALYSIS .

	OFF DUTY	ON DUTY	
FULL TIME	30 (27.6) A	29 (31.4) B	59
PART TIME	13 (15.4) C	20 (17.6) D	33
	43	49	T=92

$E_A = 27.6 \quad E_B = 15.4 \quad E_C = 31.4 \quad E_D = 17.6$

	O	E	(O − E)	$(O - E)^2$	$\dfrac{(O - E)^2}{E}$
A	30	27.6	2.4	5.76	0.209
B	13	15.4	−2.4	5.76	0.374
C	29	31.4	−2.4	5.76	0.183
D	20	17.6	2.4	5.76	0.327
				χ^2	1.093

$$df = 1 \qquad \chi^2_{.95} = 3.8$$

No significant difference between groups.

TABLE 4

PARTICIPATION IN TERTIARY STUDIES BY MIDWIVES
IN RELATION TO THEIR EMPLOYMENT STATUS.
CHI SQUARE ANALYSIS.

EDUCATIONAL PARTICIPATION.

	YES	NO	
FULL TIME	11 (11.22) A	52 (51.77) C	63
PART TIME	7 (6.77) B	31 (31.22) D	38
	18	83	T = 101

$E_A = 11.22$ $E_B = 6.77$ $E_C = 51.77$ $E_D = 31.22$

	$\dfrac{(O - E)^2}{E}$
A	0.005
B	0.007
C	0.001
D	0.002
χ^2	0.015

df = 1 $\chi^2_{.95} = 3.8$

No significant difference between groups.

relation to attendance at educational programs in off duty time.

Variables of age and time since completion of midwifery were altered to assess any relationship between these and other variables when actual divisions were reduced. Age was divided into two groups – from 20 – 30 years and above 31 years. In this grouping, numbers were approximately even for both divisions. This was also the case when time was grouped into under five years since completion of the basic midwifery course and over five years since completion. A Chi Square analysis of the altered variable for age in relation to personal responsibility for professional development and the need for a professional program to be compulsory was performed, once again without significant differences being found. (Tables 5 & 6)

TABLE 5.

THE RELATIONSHIP BETWEEN AGE AND THE PERCEPTION
THAT ATTENDANCE AT CONTINUING EDUCATION SHOULD
BE COMPULSORY. CHI SQUARE ANALYSIS .

AGE

		< 5	> 5	
COMPULSORY ATTENDANCE	YES	28 (24.4) A	22 (25.6) B	50
	NO	12 (15.6) C	20 (25.6) D	32
		40	42	T = 82

$E_A = 24.4$ $E_B = 25.6$ $E_C = 15.6$ $E_D = 25.6$

	$\frac{(O-E)^2}{E}$
A	0.53
B	0.28
C	0.46
D	0.44
χ^2	1.71

$df = 1$ $\chi^2_{.95} = 3.8$

no significant difference between groups .

TABLE 6 .

THE RELATIONSHIP BETWEEN AGE AND THE PERCEPTION OF
PROFESSIONAL DEVELOPMENT AS A PERSONAL RESPONSIBILITY.
CHI SQUARE ANALYSIS .

PERSONAL RESPONSIBILITY

	1	2	3	4	5
30 YEARS	– (0.99) A	1 (0.99) C	13 (12.82) E	12 (13.86) G	25 (22.48) I
31 YEARS	2 (0.01) B	1 (1.01) D	13 (13.12) F	16 (14.14) H	20 (22.72) J

	$\dfrac{(O - E)^2}{E}$
A	0.99
B	0,97
C	0.0001
D	0.0001
E	0.0013
F	0.0012
G	0.2496
H	0.2447
I	0.3321
J	0.3256
χ^2	3.115

$df = 4 \qquad \chi^2_{.95} = 9.488$

no significant difference between groups.

SUMMARY.

An analysis of the questionnaire responses indicates there is support for a multi-faceted educational program for staff within the Queen Alexandra Division. Although the analysis above delineated no support for previous research projects researching participation in education programs, it appears the staff would welcome the opportunity to participate.

The development of individual programs, with the costing and possible curriculum , will be outlined in the following chapters. Although it will not be possible to evaluate these fully, and this aspect will therefore be imcomplete, attention will be directed to professional development programs - orientation sessions, and ward-baased programs, plus some educational sessions for the Queen Alexandra as a whole - and staff development programs, aimed at personal development.

CHAPTER 5.

PROFESSIONAL DEVELOPMENT PROGRAMS.

'For the nurse seeking employment,
the opportunity to receive recognition
for excellence in clinical nursing may
be an important influence in deciding
whether to accept a position. The fact
that administration is responsive to
the needs of the nurse is another
significant consideration. Other prof-
essional factors that are considered
significant include: (1) individualised
orientation programs using nurse pre-
ceptors, (2) continuing education
programs and formal academic education
opportunities, (3) clinical recognition
programs for the bedside nurse, (4)
management development programs, and
(5) collaborative research opportunities.
Designing a competency-based orientation
program creates a practical and cost-
effective transition to the practise
setting and proves to be more satisfying
for experienced nurses who are recruited.'
    (Toohey et al, 1985, p. 14)

INTRODUCTION.

        An analysis of staff responses to a questionnaire

eliciting   their perceived educational needs, outlined in

the previous chapter, reinforced the author's perception

that an educational program which provided staff with both

professional and personal growth opportunities is a necessary facet of organisational functioning. Differentiation was made between a professional development program, which placed emphasis on the educational needs of staff within the practice setting - including the orientation of new staff and sessions aimed at updating or increasing knowledge about the clinical field - and staff development, the latter having as its major goal personal development and growth.

This chapter investigates the implementation of those programs which fulfil the criteria of professional development. The means by which an effective orientation program could be instituted, its projected cost, and the areas which should be covered is outlined. A ward based continuing education program is also considered, this being investigated in relation to possible times, subject matter to be covered, alternative approaches, and cost effectiveness. Although some mention of evaluation is included, this aspect of assessment cannot be completed, due to lack of time .

DEVELOPING AN ORIENTATION PROGRAM.

An orientation program is one means by which new staff members can be inculcated into the norms and mores of an organisation in such a way that initial anxieties can be overcome from the point of view of the staff member, while competency levels can be assessed by the organisation.

Responses to the questionnaire distributed to members of the midwifery staff of the Queen Alexandra Division indicated there was very strong support for an orientation program within the Division. 99% of respondents expressed opinions on this aspect of educational need, the majority (81%) indicating that the time frame for such a program should be a minimum of three days. The present requirement for orientation of new staff to the Royal Hobart Hospital is participation in an orientation program covering general aspects of that Hospital's activities and policies including fire safety, emergency procedures, the hospital organisational structure, personnel requirements, common equipment, and documentation. This program covers a five day period, but does not place emphasis on clinical practice at ward level, or those aspects of functioning

which are peculiar to the Queen Alexandra Division. Some discussion has already been initiated to attempt to ensure more relevance to the work situation for those staff who will be working exclusively within the field of midwifery, and as a result of this, one day is provided within this general program for midwives to spend some time within this area. This, however, is not adequate, and the provision of a further orientation period within the Queen Alexandra has to be addressed.

As indicated previously, the majority of staff presently employed have undertaken their basic educational program in Hobart, the implication being that an orientation program would not be frequently utilized. This fact, however, does not negate its need. An articulated short term goal for the organisation is to improve both team work and the perception that the Division should function as a complete unit. Toohey et al (1985) have stressed the importance, in terms of job satisfaction, of adequate orientation programs, and it is the authors's perception that experience in each area, albeit for a short time, is essential if an overall perspective is to be achieved.

Throughout the past year, twelve staff have been recruited to the Division from other organisations. This number would be indicative of average recruitment. If a cost analysis is performed on this number, some indication can be achieved of the probable monetary outlay on a yearly basis of an orientation program.

The planned orientation program for the Queen Alexandra Division would be provided over a five day period, this time, together with the day previously mentioned within the formal orientation program, enabling participants to experience each unit within the Division. No costing has been made in relation to this compulsory orientation program conducted by the Continuing Education staff of the Royal Hobart Hospital. A registered midwife has a basic hourly rate of $11.50 , and as it is foreseen that no evening shifts would be worked during the formal orientation program, penalty rates would not apply. The actual cost per midwife would thus be $ 437 over a 38 hour week. On a yearly basis, if 12 participants is *are* accepted as the average number requiring orientation, the organisational cost would be $5244 .   It is more difficult to assess cost-effectiveness, as the cost of inefficiency, and

anxiety during an initial period of employment from the point of view of the employee, can not be estimated. However, if as suggested by the literature, the retention of staff is assisted by adequate orientation programs (Toohey et al, 1985; Dodwell and Lathlean, 1987; Duke, 1987) the need to provide a frequent program, and thus increase the financial outlay, is minimized due to staff retention.

Many of the present employees gave an indication of their thoughts in relation to the content of an orientation program. These included the following : Managerial functions, including the philosophy of the unit and its aims, staff allocation, job descriptions, management of private/public patients, documentation, ward management , and the committees which are available to join. Clinical functions, including each of the units, midwifery education, social work department, and the physiotherapy department, the support services available in both the Division and the community, the type of nursing practised, individual clinical issues such as breast feeding and patient education, and the midwife's responsibilities. It was stressed that these programs should be individualised, and

should be backed by written information. Time should be allocated for discussion, as well as time for practical experience.

The above suggestions can form the basis for a planned orientation program. An orientation folder needs to be developed to provide the written support for new midwives, covering much of the information requested above. One day should be allocated to each area within the Division, to allow the new staff member to experience each of the areas to which she will be rotating. It is the author's contention that this should be achieved most effectively by the use of preceptors within each area. This has three positive outcomes:

> 'Not only does this approach support
> the role transformation of new nurses,
> but it also gives ... the opportunity
> to formally recognise and promote
> clinical competence at the staff nurse
> level. Concomitantly, it fosters the
> attitude that nurses are responsible
> not only for their individual practice,
> but for the improvement of the nursing
> profession as a whole through collegial
> sharing of knowledge and ideas.'
> (May, 1980, p. 1824.)

A preceptor is a senior member of the midwifery

staff who has demonstrated both the attitudes and behaviour which _is_ consistent with a professional approach to midwifery practice, and clinical competence within the specialty. As many of the midwives at present on staff at the Queen Alexandra fulfil these criteria, their participation should be encouraged. There is, however, a need to provide some educational assistance for those midwives who are willing to participate, and this will need to be provided through a preceptor development program. As stated by May (1980, p. 1826) such a program 'assists senior staff nurses to develop the knowledge, skills and attitudes necessary to effectively guide a new employee through initial induction into the work environment. ' The preceptor program has also been demonstrated as cost effective (Mooney et al, 1988) with clinical effectiveness in new employees being obtained within a much shorter time frame.

The means by which the effectiveness of the proposed orientation program could be evaluated would cover three areas - staff retention, the development of written information relating to the Organisation, and a

questionnaire eliciting satisfaction levels from those staff who have participated in the program. Staff retention rates will be assessed on a comparative basis, the numbers previously leaving the organisation being used as a control. The development of written information, as suggested by staff presently employed within the Division,would form the next aspect of evaluation. It is proposed that this be developed within a three month period, and its value can be assessed as part of the questionnaire aimed at eliciting perceptions of the program's overall functioning. The proposed questionnaire would be given to new staff two to three months after completion of the orientation program, and would include questions on satisfaction with the program, aspects of commendation, aspects which could be improved, and any areas in which the staff member felt she needed more assistance.

A WARD BASED EDUCATIONAL PROGRAM.

An other aspect of professional development which needs to be addressed within the Queen Alexandra Division is

a ward based education program. Strong support for this was
indicated by responses to the questionnaire distributed to
midwives, and discussed in the previous chapter. When
planning the implementation of such a program consideration
needs to be given to the frequency, organisation, topics,
and presentation. Responses to the questionnaire indicated
there was an evenly spread preference for programs to be
held either weekly, fortnightly, or monthly. The author's
perception is that these should be offered on a weekly
basis. utilizing alternate days of the week to ensure all
staff have access to such programs within work time. As
these sessions would usually cover a thirty minute period,
provision of a weekly program should not be considered
excessive. A ward based program will need to be developed
within each individual unit, the preferred time slots being
between 3 - 3.30 pm and during the night.

Little attention has traditionally been paid to
the educational needs of night staff, and this must be
addressed, particularly in relation to those staff who are
permanently employed on the night shift. Jansen has noted:

> 'The staff development department
> must plan education for night shift
> personnel to help maintain quality
> of nursing care, particularly for
> those who work permanent night shifts
> and often have limited time to attend
> programs given during the day. Because
> a large number of inexperienced
> nurses work nights, and because nurse-
> patient ratios generally are higher,
> developing effective programming for
> the night shift is both important and
> challenging.'
>   (Jansen, 1983. p 55.)

She goes on to say that, due to smaller staff numbers, a special subculture arises among night staff, and this must be considered by paying attention to their articulated needs when planning and implementing educational programs. It is costly to provide lecturers during the night duty hours, and, due to limited staff numbers, attendance cannot be guaranteed if the ward is busy. Alternative presentations therefore need to be considered, including the use of videos, especially of those sessions held during the day.

Respondents to the questionnaire indicated that it was the role of staff development, in collaboration with the ward staff, to co-ordinate the provision of educational

opportunities at a ward level. This does create some difficulty, as at present the staff development officer is employed on a part-time basis only, and as previously mentioned, there are seven units within the Queen Alexandra Divison, each with quite differing clinical orientations. Assistance from the staff development officer would obviously be required by ward staff, but it is the author's perception that the major role in the development of ward based programs must be taken by the staff involved. Albanetti and Carroll (1977) discussing unit level educational programs, reiterated this fact:

> 'As facilitators, we felt our job identification of needs and then assist the staff with the implementation of their own plan, by providing information regarding resources and supporting all efforts. ... We believed that if the head nurses communicated the expectation that the staff should plan and carry out educational activities, then the staff would meet that expectation - and we were right!' (p. 23)

The designation of a specific midwife to the role of 'unit education coordinator ' within each of the wards within the Queen Alexandra would provide both an impetus and

a recognition for those staff who are interested in such a
position, while at the same time relieving the charge nurse
of all the responsibility for organising educational
programs.

Comments by respondents to the questionnaire in
relation to subject matter for a ward based program elicited
some interesting data. There was an articulated request
for clinical subjects - such as preconceptual care,
ultrasonic scanning, case studies (which is a very
underutilized learning experience within the Division),
pharmacology, and new equipment. However, the major requests
concentrated on such areas as counselling skills, community
support groups, communication skills, legal
responsibilities, ward management, new developments, and
research. Many of these topics would be more suited in a
staff development program, as a time frame of more than half
an hour would be essential. Comment was made that there
should be a suggestion box for staff to request topics for
inclusion, and that these topics should not only pertain to
each particular unit, but should cover other areas as well.
This latter comment could be used as the basis for a program

which is available to all staff members, possibly on a fortnightly basis, covering general topics of interest.

The cost effectiveness of ward based educational programs has already been acknowledged by the insistance on such programs by the hospital accrediting authority. "Magnet Hospitals" in America have indicated that an emphasis on educational opportunities is a major contributing factor to staff retention (Schull, 1984, Scherer, 1988; Leenders, 1985; Kramer & Schmalenberg, 1985.) This fact alone is a cost saving outcome, due to reduced recruiting costs. Quality patient care is also cost-effective, as less patients are readmitted to the hospital with unresolved problems.

The evaluation of the effectiveness of ward-based educational programs could be estimated by participation rates, requests for subject coverage, staff involvement in both the planning and presentation of the programs, and the development of a questionnaire seeking staff satisfaction levels. All these aspects would need to be assessed on a regular basis following implementation of the planned

program.

SUMMARY.

One criterion for accreditation of the Hospital as a whole is documented evidence of staff education programs. The questionnaire previously distributed to staff midwives demonstrated strong support for such a program, with responses indicating the frequency, length, and subject matter of such programs. This chapter has suggested the means by which such a program could be implemented. The need for an orientation program for new staff has also been highlighted, the suggestion being made that this be based on the use of preceptors within each clinical area.

Literature has demonstrated the need to differentiate between a professional development program, and a program aimed at staff, or personal, development. The following chapter investigates the development and implementation of a staff development program for the Queen Alexandra Divison, aimed at providing midwives with educational opportunities emphasising personal and professional growth.

CHAPTER 6.

STAFF DEVELOPMENT PROGRAMS.

INTRODUCTION.

As mentioned previously, emphasis within hospital eduational programs for registered staff has traditionally focused on those programs related to orientation of new staff, or specific sessions on clinical procedures. Within the Royal Hobart Hospital, due to the impending implementation of career structure for nurses, there has been an attempt to provide some educational opportunities based on the proposed changes - for example, the new managerial roles which will be required within the new system. These programs, however, have been reactive in approach - that is, there is no overall program planned on a continuing basis, but one is provided in response to external factors.

Cunningham (1982) discussing professional competence and effective performance, has suggested:

> 'Planning is the most important of
> all the administrative functions
> since it is the foundation upon which
> all others rest. The planning process
> is used to marshall all of the know-
> ledge and wisdom within the organis-
> ation into an effective plan of action.
> ...Effective plans and effective
> performance require that each of these
> factors be appropriately planned for
> and balanced with each other. The
> planning process provides the structure
> within which administrators can best
> utilize their knowledge and provide the
> direction, stability and calming
> influence that are needed to guide the
> organisation.
> (Cunningham, 1982, p. 24.)

This chapter provides an outline of staff development programs which should be implemented in the Queen Alexandra Division if organisational effectiveness is to be improved. Different groups within the Division are delineated, their specific needs being addressed, and programs which will meet these needs outlined. Much of the curriculum for such programs will be similar for all groups, and therefore curriculum needs are examined on a general basis prior to outlining specific programs. The financial cost will not be investigated, because whether these programs are cost-effective in terms of organisational efficiency is difficult to prove. The literature previously

outlined has suggested that this, in fact, is a positive outcome of planned educational programs. As only one of the proposed programs has, at this time, been implemented, an evaluation is difficult to provide. However, this must be included in the curriculum development processes.

PLANNING FOR STAFF DEVELOPMENT PROGRAMS.

Responses to the questionnaire in relation to the need and support for a hospital based professional development program indicated there was strong support for this concept. (See Chapter 4). Although some responses indicated there was an inadequate understanding of exactly what is entailed in such a program - the time frame suggested , for example, is very inadequate for the coverage of those subjects which would rightly be included - most respondents were aware of the need to include subjects which had overall impact on organisational functioning. As mentioned in the previous chapter, when asked to indicate possible topics for inclusion in educational programs, many

suggested those which are more suited to staff development rather than ward based programs.

Cunningham (1982) has outlined factors which influence professional competence and effective performance in the diagram below:

FIGURE 11.

FACTORS INFLUENCING PROFESSIONAL COMPETENCE AND
EFFECTIVE PERFORMANCE.
(Cunningham, 1982, p. 24.)

There are many similarities between the model suggested by Cunningham, outlined above, and those factors which have been delineated by Woodcock and Francis (1979) as

suggested those which are more suited to staff development rather than ward based programs.

Cunningham (1982) has outlined factors which influence professional competence and effective performance in the diagram below:
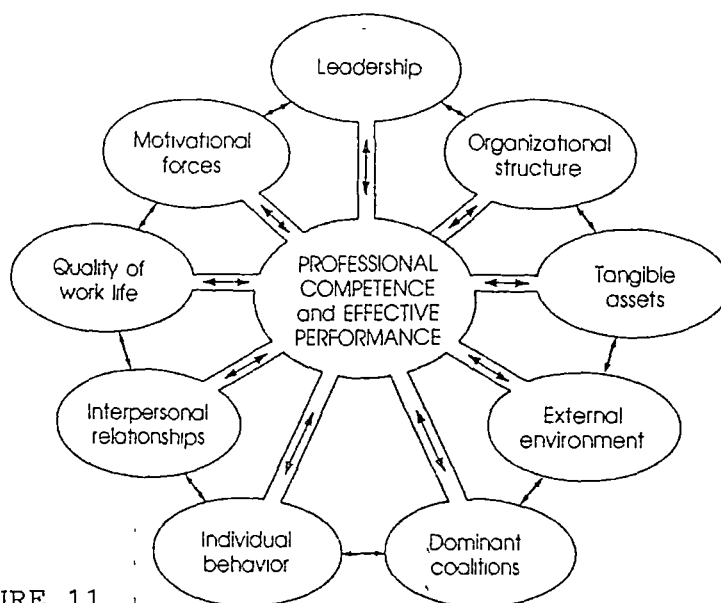
FIGURE 11.

FACTORS INFLUENCING PROFESSIONAL COMPETENCE AND
EFFECTIVE PERFORMANCE.
(Cunningham, 1982, p. 24.)

There are many similarities between the model suggested by Cunningham, outlined above, and those factors which have been delineated by Woodcock and Francis (1979) as

having impact on organisational effectiveness. Peebles (1987) has also noted aspects of organisational functioning which support aspects of this model. Each factor is therefore examined, the implications for curriculum development for a staff development program being highlighted.

LEADERSHIP.

Leadership is perceived as one of the most important aspects of organisational effectiveness in all the literature studied. As defined by Owens (1981) a leader 'is a member of the group who helps it develop ways of interacting that facilitate achieving the goals that the individuals share.' (p. 148) From this it can be suggested that all levels of staff need to be aware of leadership theory, and its relationship to effective functioning. Personal understanding can be assisted by the utilization of tools aimed at providing individual midwives with a knowledge of their own preferred style of leadership, and the possible need to alter this on a situational basis.

ORGANISATIONAL STRUCTURE.

Organisational structure within the Queen Alexandra Division was not perceived by senior staff as a facet of functioning which was proving to be inhibitive. However, this perception may not be valid for midwives who do not hold designated leadership positions within the organisation. It is therefore necessary to provide information on aspects of organisational functioning as an integral component of any staff development program. Those facets which should be included include planning and policy making, positional functioning, budgeting, and general ward activities.

TANGIBLE ASSETS

Effective management involves the recognition and utilization of all resources available within the Organisation. Traditionally nurses have not been given the responsibility and authority for management of both material and human resources, with the result there has been little commitment to cost control. It is suggested that a

knowledge of these aspects of management will greatly improve the effective use of resources. Topics covering facets of ward management, including rostering, patient dependency schemes, and quality assurance need to be included in the planned programs.

EXTERNAL ENVIRONMENT

Organisational climate has been identified as a major factor in influencing effective functioning. The need for a climate of support within the organisation has been outlined in previous Chapters. It is the author's perception that this aspect must be included, and indeed emphasised , within any staff development program. Common beliefs need to be articulated, with short and long term goals being agreed upon. These could be both organisational and personal for those participating in the planned program. The encouragement of peer support, for both clinical practice, problem solving, and research, can be fostered through the planned programs.

DOMINANT COALITIONS.

One of the present blockages articulated in relation to organisational effectivess was the lack of team work within the Queen Alexandra Division. Unit functioning has been the dominant factor, possibly brought about by the historical factors outlined previously, and the geographical layout of the unit. However, effectiveness can only be achieved by the perception that the Division functions as a complete unit, because the families who pass through the Division require continuity of care, irrespective of the actual unit in which they are managed. The provision of an educational program which provided the opportunity for staff from different units to meet and discuss their problems would form the basis for improved communication and therefore team work between individual units. Attention must also be paid to other personnel who impact on the effective functioning of the Division - for example, the medical staff. Strategies which lead to improved collegial relationships can be discussed within the planned programs, leading to improved team work for all aspects of the Division.

INDIVIDUAL BEHAVIOUR.

Creativity and intrapreneurship have been identified as personal behaviours which have a positive impact on organisational effectiveness. The former, together with personal stagnation , were noted by senior staff to be areas in need of improvement. (Chapter 3) These aspects, therefore, need to be emphasised in a staff development program. Subjects covered should include time mamagement, discussions on personal goals within the midwifery profession, research activities and change strategies. Autonomy must also be encouraged, as has been noted by Kramer and Schmalenberg. (1988. p.22):

> 'Autonomy can be defined as the
> freedom to act on what you know.
> Autonomy includes not only the
> freedom to act and suceed, but
> also the freedom to act and fail.
> If true autonomy and entrapreneurship
> is to develop, all staff nurses
> must feel as though they have these
> freedoms; the climate must support
> these freedoms.'

INTERPERSONAL RELATIONSHIPS.

Conflict management, communication skills, stress

management, counselling and participative decision making are all topics which should be covered within a staff development program if group functioning is to be improved. For those midwives who have been wholly educated within a hospital based program (both in general nursing and in postgraduate courses) little emphasis would have been placed on these topics, and it is imperative that skills in these areas be improved. This is highlighted by responses to the questionnaire, where such topics were specified for inclusion in any planned program.

QUALITY OF WORK LIFE.

Many of those topics which could fall into this category have been covered previously, for example organisational culture , organisational climate and participation in decision making. The acknowledgement that each individual has the right to participate in planned programs, and that each has a positive input to make to organisational effectiveness must be reiterated, particularly in view of literature which suggests participation in such programs has been limited largely to administrative staff. (Millonig, 1986).

MOTIVATIONAL FORCES.

Motivation, and the theories behind this need to be addressed within the planned staff development program. But an initial vital component is to develop the organisational climate to one supportive of all individual efforts by staff, either in the clinical or educational field.

The components of effective organisational behaviour outlined above provide, as an overall perspective, topics which should be included in any staff development program. The personnel who would participate in such programs will be outlined in the following section.

PLANNING INDIVIDUAL PROGRAMS.

FIRST YEAR ROTATION PROGRAM.

Competency in midwifery practice is not perceived by the author as being achieved upon obtaining a midwifery certificate - indeed, there is a need to accept responsibility for decisions relating to clinical practice which cannot be obtained while fulfilling a student role.

For this reason, and because it is also perceived that midwifery covers all aspects of pregnancy from conception until discharge following delivery of the infant, all junior staff are required to work in all units of the Division on a rotational basis. This is usually a three month period in each unit for clinical practice. However, there is no theoretical program to support clinical experience, or to provide junior staff with information which will be necessary if they remain in the field of midwifery. There is a need to include managerial topics, outlined in the section above, but this may need to be supplemented by advanced clinical discussions.

At the present time, 24 staff members could fit into the category of first year rotational staff. Some of these have completed just over one year of clinical practice, but they will be included in the theoretical program to ensure they have the opportunity offered other staff.

The proposed first year rotation educational program would be run over a twelve month period, with one study day being scheduled for each month. A seven hour day,

equivalent to the present daily hours of clinical practice, would be planned, the actual subject matter and sequencing being decided by the participants. However, the topics covered previously would need to be included. As these topics were suggested by respondents to the questionnaire, their inclusion is not perceived as a difficulty.

The group would be divided into two classes for two main reasons. A group of twelve encourages active participation by all members , this being one of the goals of the suggested program. The need to release participants from ward duties will require remaining staff to cover the patient's clinical needs, and this coverage would not be adequate should a greater number of participants be included in each group. It is for this latter reason that the organisation needs to ensure there is a climate of acceptance for the planned staff development programs.

SENIOR STAFF DEVELOPMENT PROGRAMS.

This facet of the planned staff development program has already commenced, with very positive results. The senior staff at the Division, including charge sisters, supervisors and educators, have been attending monthly study

days since July 1988. The topics covered so far include leadership, change strategies, research, organisational effectiveness, staff evaluation and appraisal, conflict resolution and negotiating skills, and the discipline interview. These topics have been decided by the group, and have formed the basis for discussion of these areas of organisational functioning. Discussion has been improving, in that the group is now beginning to articulate perceived problems, and has begun to approach their solution on a combined basis, thus improving team work. It is the author's perception that this program has provided a forum for discussion on an informal basis, which was previously unavailable within the Division, and as such has improved communication between the individual units.

Fifteen staff members are participating in this program, and there has not been a perceived difficulty in releasing them from their ward to attend. All have agreed that they have gained both professionally and personally from the information shared during the study days. The facilitator for each subject has been arranged from within the hospital, with particular expertise being sought where

necessary.   The   programs will   be held on   a continuing
basis, as there *are* is still many topics to be covered.

NON-SPECIFIC PROGRAMS.

The   programs   outlined   above do   not   provide   an
educational   opportunity   for all   the   staff   at the   Queen
Alexandra   Division,   and   there   has   therefore   been   a
differentiation   made based   on the   perceived needs   of the
remaining staff.   Three other programs   have been planned,
these being   on a   voluntary basis, with   participants being
released from the ward if clinical duties allow.

Those midwives who have completed their educational
program over two   years ago will be   offered the opportunity
to attend study   days held on a monthly basis.   These study
days   will   be   repeated   twice, as   the   projected   numbers
attending   is   40.   Topics   will   be suggested   by   the
participants, but will include those managerial and personal
growth topics   outlined previously.   One such   study day
held already   has indicated   that this group   requested some
clinical   updating ,   particularly in   aspects of   change in
other units, and it may be necesary to emphasise this aspect

prior to introducing management topics.

Night duty staff pose a problem with attendance during the day for staff development, but, as mentioned previously, it is impossible to arrange for these staff to be released from the ward due to minimal staffing levels. Attendance for staff development programs, therefore will be on a voluntary basis. Two study days have been arranged over recent months, with an average attendance of 12. Subject matter was solicited from the participants by way of a request when notification of the study day was given, and this provided a variety of subjects for the day. All participants indicated the benefit of such programs, and these will be continued, probably on a two monthly basis. There is, of course, no reason why any staff member cannot attend any of the proposed days - any participation is encouraged.

Those midwives who completed their midwifery course over ten years ago were also perceived as a special group, and these form the last specific delineated group. Many of these staff have remained in one unit only within the Queen Alexandra Division, and, if an overall perception of

organisational functioning is to be achieved, communication between these group members must be improved. There is also a perceived need to update clinical knowledge about the changes occuring in midwifery, and this aspect provided most of the subject matter requested for the first study day held in November, 1988. This group will also be invited to attend study days on a two monthly basis.

CONCLUSION.

Staff development programs, covering organisational functioning as well as clinical knowledge, can assist in the development of a climate which leads to improved organisational effectiveness. Such programs, aimed at the personal and professional development of individual participants, have been outlined in the above chapter, attention being paid to the subjects which should be included, and the groups which could be delineated within the Queen Alexandra Division.

Evaluation of such programs is outside the scope of this dissertation, as the implementation of the programs is still in a developmental phase. However, informal feedback

sought from participants in those programs which have already commenced has indicated great acceptance and recognition of their worth. Formal evaluation strategies need to be developed within the planned programs to ensure their relevance to both the organisational needs, and to the articulated needs of the participants.

CHAPTER 7.

THE KEY TO EFFECTIVENESS.

THE PURPOSE OF THE DISSERTATION.

The purpose of this dissertation has been to investigate whether there is a perceived need for educationally-based professional development programs within the Queen Alexandra Division, Royal Hobart Hospital. The provision of such a program appeared to be highlighted by journal contributions, and by the author's contention that individual potential within midwives employed at this institution was not being realized. The provision of professional development programs focused on continuing education sessions, with minimal attendance by the majority of staff. There was also minimal involvement by staff midwives in the decision making processes of the Division, although elsewhere midwifery was a dynamic entity, with active participation in forward planning by innovative staff. The author had been appointed to the senior administrative position in midwifery at the Queen Alexandra Division in May, 1987, and , in articulating future goals

for midwifery practice within the unit, had placed emphasis on participative management. Improved communication was seen as a priority, as was an increased acceptance by staff members of individual accountability for practice. Change, however, cannot occur without a concomitant educational base, and thus the idea for this dissertation developed.

METHODOLOGY.

The methodology chosen addressed the perceived problem from four major perspectives . A literature review was undertaken to assess the means by which the articulated goals should be addressed. Focus was placed on the differentiation of educational programs aimed at professional and personal growth, the organisational climate which has been demonstrated to be most conducive to the implementation of change and those aspects of organisational functioning which encourages intrapreneurship and creativity among its employees. The possible constraints which may influence non-attendance at educational programs were also elicited, and those curriculum aspects which are necessary to ensure relevance to a work situation were outlined.

The literature review suggested the need to evaluate the present functioning of the Division, and this was undertaken as the second perspective. The author evaluated the organisation's ability to accept change by the use of a questionnaire developed by Peebles. (1987). This delineated change strategies, corporate planning, communication and consultation, organisational culture, participative management, and leadership as vital components in any change process. Organisational functioning was further assessed by the senior staff, based on a blockage questionnaire, developed by Woodcock and Francis (1979). These two analyses provided an indication of problem areas which need to be addressed if the implementation of a professional development program – a change initiative – is to be successful.

Eliciting the midwifery staff's perceptions of their educational needs provided the third perspective for this dissertation. The development of a questionnaire, and the analysis of the responses provided the basis upon which educational programs could be planned. This was considered necessary to ensure that the planned programs met the

articulated needs of the participating staff.

The final perspective adopted within this dissertation was a brief outline of proposed programs, these being divided into professional development programs focusing on orientation needs, continuing education, and clinical practice requirements; and staff development programs which provide a wider focus on personal development and managerial skills. Some attention was paid to cost-effectiveness and evaluation, but these aspects could not be fully developed due to lack of time and adequate resources. This, however, could provide a focus for further study.

KEY FINDINGS.

The major findings obtained through the process of developing this dissertation provided both support for, and a direction to the author's contention that there is a need for professional development programs within the Queen Alexandra Division. The major findings are listed below:

1. The need for professional and staff development programs within the Queen Alexandra has both been accepted and articulated by staff midwives.

2. The planned programs must be perceived to be relevant to the work situation by participating staff.

3. Organisational climate must encourage participation in the provided programs, with adequate rewards being offered those attending.

4. There is a recognised positive correlation between educational opportunities, staff retention, job satisfaction, cost effectiveness, and the satisfactory achievement of organisational goals.

5. Educational programs should be provided in a variety of formats, each aimed at meeting a specific, articulated need, and also at different times of the day in order to provide maximum opportunities for participation.

RECOMMENDATIONS FOR FUTURE DIRECTIONS.

The implementation of a career structure for midwives provides an opportunity which has not previously been available for the provision of comprehensive educational opportunities for staff. This opportunity needs to be accepted by nursing administrators, with emphasis being placed on this aspect of organisational functioning. This dissertation has provided a basis upon which the development of both professional and staff development programs can rest - but it has only provided that basis. The development of actual curricula for such programs has not been addressed in detail, and this should be the function of staff development midwives in the near future.

Some mention has been made of the evaluative processes which must accompany any planned program. This dissertation has not, however, given adequate attention to this detail, and this provides another future direction for study.

The need to evaluate an organisation's climate and ability to change has been highlighted in this dissertation. It is suggested that , should any program implementation be planned for other institutions, this is a vital prerequisite .

CONCLUSION.

What is the key to effectiveness? A search of relevant literature indicated the major component of organisational effectiveness is the efficient use of all available human resources – this is essential from both a cost control and a qualitative point of view. The inefficient use of human resources , where creativity and intrapreneurship is not encouraged, and organisational functioning is dependent upon rigid rules and regulations, results in increasing costs, and a reduction in achieving qualitative organisational goals.

Skertchly (1981) has indicated that not all people are aware of their own potential (p. 19). The hypothesis

addressed in this dissertation has been that, through an educational program aimed at encouraging personal and professional growth for the midwives employed at the Queen Alexandra Division, Royal Hobart Hospital, the reaching of individual potential can be greatly enhanced, and through this means organisational goals can be effectively realized. This cannot be a short-term goal for the organisation. The problem of lack of motivation, and the cost factor has to be addressed. The organisational climate has to be one that encourages individual efforts, both clinically and educationally. This requires the present climate to change, although an analysis of the Division's ability to change has indicated this can be achieved.

Through responses to a questionnaire eliciting their perceived educational needs, the midwives have indicated there is strong support for a professional development program. The form such a program should take can be based on that espoused by Duke (1987) - a professional development program, which focuses on orientation and continuing educational programs , and staff development opportunities, allowing participants to obtain knowledge on the broader aspects of organisational

functioning and interpersonal skills.

This dissertation has investigated the implementation of an educational program which would meet the articulated needs of staff members. It has not been possible to provide a cost analysis of all proposed programs. Traditionally, limited allocation of both time and fiscal resources has been allocated to the education of staff within the health care system, those which have been allocated being largely directed at orientation programs for new staff. This is still an obvious priority, but it is contended that this aspect is only a small component of an overall program which is neccesary if effective use of human resources is to be achieved. Kramer and Schmalenberg (1988) have noted a connection between organisational efficiency, staff retention and job satisfaction, all factors which have a positive impact on cost control, and they have linked these factors with the support for, and the provision of, educational opportunities for nurses.

Evaluation of the planned programs is a facet which has not been addressed in detail. The programs will be

commenced in total in 1989, this time frame making it difficult to undertake evaluation at this time. However, an evaluation component will be inbuilt into the planned program, with staff retention, job satisfaction, participation rates and the achievement of organisational goals forming the basis for this.

> 'It must be remembered that the creation of a new organisational climate - a new environment for working and solving problems - requires participants to develop new and more effective responses to events, to act differently than they have done in the past. As every educator is keenly aware, such changes in human functioning do not often occur as a result of learning about the new, more effective way of doing things. Opportunities must be provided wherein the new behaviours may be developed in practice: in short, learning by doing is required. The goal is to develop new and more productive norms of work-oriented behaviour through reeducation.
> (Owens, 1981, pp. 263 - 264.)

Thus, the key' to effectiveness is professional development.

BIBLIOGRAPHY.

ALBANETTI, J.B. & CARROLL, D.M.   'THE UN-MODEL: A

     1977   Humanistic Approach to Unit Level

                 Education' Nurse Educator, May- June.

                 pp 23 - 24.

ATWOOD, A.H.   'The Mentor in Clinical Practice'.

     1979   Nursing Outlook, November. pp 714 -

                 717.

BEYERS, M.   'Getting on Top of Organizational

     1984   Change.   Part 1.   Process and

                 Development.' Journal of Nursing

                 Administration.   October. pp 32 -

                 39.

     1984   'Getting on Top of Organizational

                 Change.   Part 2.   Trends in Nursing

                 Service.' Journal of Nursing

                 Administration.   November. pp 31 - 33

     1984   'Getting on Top of Organizational

                 Change.   Part 3.   The Corporate Nurse

Executive.' Journal of Nursing
Administration. December. pp 32 - 37.

BOOKER, S.F.   'Enhancing Education at Ward Level.'
         1985   The Australian Nurses Journal. Volume
                        14. No. 9. pp 38 - 39,p 53.

BOYD, W.L.   Political science and educational
         1983   administration.- rethinking educational
                        policy and management in the 1980's.
                        Deakin University, Victoria.

del BUENO, D.J.& VINCENT, P.M.   'Organizational Culture,
         1986   How Important Is It?' Journal of
                        Nursing Administration, Volume 16.
                        No.10. pp 15 - 20.

del BUENO, D.J.   'An Organizational Checklist' Journal
         1987   of Nursing Administration. Volume 17.
                        No. 5. pp 30 - 33.

CLARKE, M.
    1985
'The use of research reports in planning continuing education for trained nurses.' Journal of Advanced Nursing. 10. pp 475 - 482.

CONSEDINE, M.
    1980
'Leadership - The Key to Inservice Education.' The New Zealand Nursing Journal. August.pp 53 - 56.

CUNNINGHAM, W.G.
    1982
Systematic Planning for Educational Change. Mayfield Publishing Company. California.

DAVIES, E.
    1984
'A model for inservice education.' The Australian Nurses Journal. Volume 13. No.7. pp 40 - 41.

DODWELL, M.
    1987
'An innovative training programme for ward sisters.' Journal of Advanced Nursing. 12. pp 311 - 319.

DUKE, D.L.
    1987
School Leadership and Instructional Improvement. Random House, New York.

FRIESEN, L. & CONOHAN, B.J. 'A Clinical Preceptor Program:

    1980   Strategy for New Graduate

                Orientation.' Journal of Nursing

                Administration. April. pp 18 - 23.

GRANT, B.   'The midwife and advanced training:

    1987   continuing education for midwives:

                course in advanced midwifery.'

                Unpublished paper presented at the

                International Confederation of

                Midwives 21st Congress, The Hague.

HAW, M.A., CLAUS, E.G., DURBIN-LAFFERTY, E. & IVERSEN, S.M.

    1984   'Improving Nursing Morale in a Climate

                of Cost Containment. Part 1.

                Organizational Assessment.' Journal of

                Nursing Administration. October. pp 8

                - 15

    1984   'Improving Nursing Morale in a Climate

                of Cost Containment. Part 2. Program

Planning.' Journal of Nursing
Administration, November. pp10 - 15

HELLMAN, M.E. & HORNSTEIN, H.A. Managing Human Forces in
          1982   Organizations. Richard D. Irwin Inc.
                        Illinois.

HENRY, B. & LeCLAIR, H. 'Language, Leadership, and Power.'
          1987   Journal of Nursing Administration.
                        Volume 17. No.1. pp19 - 25.

HORN, R.S.   'Planning Inservice Education in Small
          1981   Hospitals' The Journal of Nursing
                        Leadership and Management. January.
                        pp 38 - 41.

HOY, W.K. & MISKEL, C.G. Educational Administration.
          1982   Random House. New York.

HUGHES, E.F. & BOWDITCH, J.L. Behaviour in Organizations.
          1977   Addison-Wesley Publishing Co.,
                        Massachusetts.

JANSEN, P.R.   'Strategies for Novice Staff

    1983   Development Instructors' Nursing

               Management. Volume 14. No. 3. pp 55 -

               56.

JOHNSON, J. & LUCIANO, K. 'Managing By Behaviour and

    1983   Results - Linking Supervisory

               Accountability To Effective

               Organizational Control.' Journal of

               Nursing Administration. December. pp

               19 - 27.

KEPLER, T.L.   'Mastering the People Skills'.

    1980   Journal of Nursing Administration.

               November.pp 15 - 20.

KIRKPATRICK, D.L.   How to Manage Change Effectively.

               Jossey-Bass Publishers. San

               Fransisco.

KRAMER, M. & SCHMALENBERG, C.   'Magnet Hospitals: Part I
    1988   Institutions of Excellence'. Journal
                   of Nursing Administration, Volume 18.
                   No. 1. pp 13 - 24.

    1988   'Magnet Hospitals: Part II.
                   Institutions of Excellence' Journal of
                   Nursing Administration, Volume 18.
                   No.2. pp 11 - 19.

LANCASTER, J.   'Motivation. Creating the Environment.'
    1986   Association of Operating Room Nurses
                   Journal. Volume 43. No. 1. pp 202 -
                   208.

LEENDERS, F.   'The magnet factor.' Nursing Times.
    1985   October. pp 44 - 45.

LEIBOWITZ, Z.B., KAYE, B. & FARREN, C. 'Overcoming
    1986   Management Resistance to Career
              Development Programs'. Training and
              Development Journal, October, pp 77 -
              81.

LYSAGHT, L.   'Trends in Staff Development' The New
    1981   Zealand Nursing Journal. January.
              pp 7 - 8, p 28.

MACKENZIE, D.A.   'Research for School Improvement: An
    1983   Appraisal of Some Recent Trends.'
              Educational Researcher. April.

MAY, L.   'Clinical Preceptors for New Nurses.'
    1980   American Journal of Nursing. October.
              pp 1824 - 1826.

MILLONIG, V.L.   'Nurses' Educational Backgrounds,
    1985   Position Levels and Participation in
              Continuing Education.' Journal of
              Continuing Education in Nursing, Volume
              16. No. 2. pp 70 - 72.

MIZER, H.E. & BARRARO, A.   'Change- For Nursing Service and
        1979   Education' Nursing Clinics of North
                    America.   Volume 14. No. 2.   pp 337 -
                    345.

MOONEY,V.A., DIVER, B. & SCHNACKEL, A.A.   'Developing a
        1988   Cost Effective Clinical Preceptorship
                    Program'.   Journal of Nursing
                    Administration, Volume 18.   No. 1. pp
                    31 - 36.

O'CONNOR, A.B.   'Staff Development: The problems of
        1982   Motivation' The Journal of Continuing
                    Education in Nursing, Volume 13.   No.2.
                    pp 10 - 14.

OWENS, R.G.   Organizational Behaviour in Education.
        1981   Second Edition.   Prentice Hall Inc.
                    New Jersey

PARKER, O.   'Refresher courses from experience'
        1987   Nursing Times (Midwives Journal) 10th

                    September, p 65.

PAROCHKA, J.N.   'Beliefs and Intentions to participate
        1985   in Continuing Professional Education: A

                    Study of Nonparticipant Nurses in

                    Rockford, Illinois.' Journal of

                    Continuing Education in Nursing.

                    Volume 16. No. 1. pp 33 - 35.

PEEBLES, D.A.   Management of Change in a Large
        1987   Semi-government Organisation with

                    Implications for Management Training.

                    University of Tasmania. Unpublished

                    Thesis.

PETERS, T.J. & WATERMAN, R.H. In Search of Excellence:
        1982   Lessons From America's Best Run

                    Companies. Harper & Row, New York.

PETERSON, M.E.   'Shared Governance: A Strategy for

     1986   Transforming Organizations. Part 1.'

                  Journal of Nursing Administration.

                  Volume 16. No.1. pp 9 - 12.

     1986   'Shared Governance: A Strategy for

                  Transforming Organizations. Part 2.'

                  Journal of Nursing Administration.

                  Volume 16. No. 2. pp 11 - 16.

PINCUS, J.D.   'Communication: Key Contributor to

     1986   Effectiveness-The Research.' Journal of

                  Nursing Administration. September. pp

                  19 - 25.

POWERS, D.M.   'A New Style of Nursing Leadership'

     1986   The Canadian Nurse.November. pp 18 -

                  19.

POULIN, M.A.   'Future Directions for Nursing

     1984   Administration'. Journal of Nursing

                  Administration. March. pp 37 - 41.

ROWE, R. & MANNING, E.   'Sources of Satisfaction for
          1987   Nurses' . Australian Health Review.

                        Volume 10. No 2. pp 165 -170.

RUFO, K.L.   'Guidelines for Inservice Education
          1981   for registered Nurses. ' Journal of

                        Continuing Education in Nursing. Volume

                        12. No. 1. pp 26 - 32.

SANFORD, N.D.   'Teaching Strategies for Inservice and
          1979   Staff Development Educators' The

                        Journal of Continuing Education in

                        Nursing. Volume 10. No.6. pp 5 - 10.

SCHERER, P.   'Hospitals That Attract (and Keep)
          1988   Nurses.' 1988   American Journal of

                        Nursing, January. pp 34 - 40.

SCHULL, P.D.   'Magnet Hospitals. Why They Attract
          1984   Nurses.' Nursing84. October. pp 50 -

                        53.

SCRIMA, D.A.   'Assessing Staff Competency'. Journal
        1988   of Nursing Administration. Volume 17.
                      No.2. pp 41 - 45.

SERGIOVANNI, T.J. & STARRATT, R.J. Supervision: Human
        1983   Perspectives. McGraw Hill, New York.

SIMPSON, K. & SEARS, R.   'Authority and responsibility
        1985   delegation predicts quality of care.'
                      Journal of Advanced Nursing. 10.
                      pp 345 - 348.

SKERTCHLY, A.   'Mature Learning Programs.' Australian
        1981   Journal of Adult Education. Vol 21. No
                      2. pp 14 - 26.

SLEDZIK, A.   'Preparing Midwives and Midwifery
        1987   Educators for the Changing Roles of
                      Midwives.' Paper presented at the
                      5th Biennial Conference, National
                      Midwives Association, Hobart, May.

148.

SOVIE, M.D.   'Fostering Professional Nursing
        1982   Careers in Hospitals: The Role of Staff
                     Development.' Part 1. Nurse Educator.
                     Winter. pp 28 - 32.

        1983   'Fostering Professional Nursing Careers
                     in Hospitals: The Role of Staff
                     Development.' Part 2. Nurse Educator.
                      Spring. pp 15 - 18.

SPARKS, G., NOWAKOWSKI, M., HALL, B., ALEC, R. & IMRICK,J.
        1985   School Improvement through Staff
                     Development.' Educational Leadership.
                     March.

SPARKS, G.H.   'Synthesis of Research on Staff
        1983   Development for Effective Teaching'
                     Educational Leadership. November. pp
                     65 - 72. pp 59 - 61.

149.

STRASEN, L.   'Promoting Intrepreneurship in the
      1986   Acute Care Setting' Journal of Nursing
                      Administration. Volume 16. No.11.
                      pp.9 - 12.

SUGARMAN, E.   'The Case of the Disappearing
      1988   Midwives'. Nursing Times, Vol 84.
                      No.8. pp 35 - 36.

TOBIN, H.M. & BEELER, J.L.   'Roles and Relationships of
      1988   Staff Development Educators. A
                      Critical Component of Impact.' Journal
                      of Nursing Staff Development. Summer,
                       pp 91 - 96.

TOOHEY, E.M., SHILLINGER, F.L. & BARANOWSKI, S.L.
      1985   'Planning Alternative Delivery
                      Systems. An Organizational
                      Assessment.' Journal of Nursing
                      Administration. Volume 15. No.12.
                      pp 9 - 15.

VENINGA, R.L.   The Human Side of Health
        1982   Administration. Prentice-Hall Inc.
                    New Jersey.

WAKEFIELD, D.S. & MATHIS, S.   'Formulating a Managerial
        1985   Strategy for Part-time Nurses.'
                    Journal of Nursing Administration.
                    January. pp 35 - 39.

WILSEY, C. & KILLION, J.   'Making Staff Development
        1982   Programs Work'. Educational
                    Leadership. October. pp 36 - 38,
                    p 43.

WOOD, F.H., McQUARRIE, F.O. & THOMPSON, S.R.
        1982   'Practitioners and Professors Agree
                    on Effective Staff Development
                    Practices.' Educational Leadership.
                    October. pp 28 - 31.

WOODCOCK,M.   Team Development Manual. Gower
        1979   Publishing Company Ltd. Aldershot,
                        England.

WOODCOCK, M. & FRANCIS, D. Unblocking Your Organization.
        1979   University Associates, San Diego.

ZANDER, K.   'Management training won't
        1983   work...unless nursing administration
                        provides it.' Nursing Administration
                        Quarterly.   Winter. pp 77 - 87.

BLOCKAGE   QUESTIONNAIRE

1.   As many dullards as efficient people are recruited.

2.   Lines of responsibility are unclear.

3.   No one seems to have a clear understanding of what causes
     organizational problems.

4.   Skills are available but they seem to be of the wrong kind.

5.   If people showed more interest in their jobs, then more would
     be achieved.

6.   Good suggestions are not taken seriously.

7.   Each department or section acts like a separate empire.

8.   The managers believe that people come to work only for money.

9.   There are no clear successors to key people.

10. People do not spend adequate time planning for the future.

11. There is much disagreement about wage rates.

12. People do not learn from their mistakes.

13. It takes too long for people to reach an acceptable standard of
     performance.

14. Jobs are not clearly defined.

15. There is not enough delegation.

16. Managers do not seem to have enough time to take training seriously.

17. There are no real incentives to improve performance, so people
     do not bother.

18. Unconventional ideas never get a hearing.

19. Groups do not get together and work on common problems.

20. Managers believe that tighter supervision produces increased
     results.

21. The organization often needs to hire new managers from the
     outside.

22. One of my major problems is that I do not know what is expected
     of me.

23. People often leave for higher wages.

24. Individuals avoid constructive criticism.

25. Applicants' qualifications seem to get lower each year.

26. The organization reflects outdated standards and needs to be
     brought up to date.

27. Only top management participates in important decisions.

28. Departments have different attitudes on training – some take it seriously, others do not.

29. Punishments seem to be handed out more frequently than rewards.

30. More success would be achieved if more risks were taken.

31. People are not prepared to say what they really think.

32. Managers believe that people are basically lazy.

33. People are not developed for future positions.

34. Employees are told one thing and judged on another.

35. It seems that conformity brings the best reward.

36. Individuals are set in their ways and do not wish to be disturbed.

37. Too many newcomers leave quickly.

38. Parts of the organization pull in different directions.

39. Available talent is poorly utilized.

40. Skills are picked up rather than learned systematically.

41. People are exploited – they are not rewarded adequately for the large amount of effort they exert.

42. Frequently, innovation is not rewarded.

43. In this organization it is every man for himself when the pressure is applied.

44. Managers would like to revert to the days when the discipline reigned supreme.

45. Management does not identify and develop those who are potential high achievers.

46. Personal objectives have little in common with the organization's aims.

47. The payment system prevents work from being organized in the best way.

48. Time and energy are misused.

49. Many employees are only barely efficient.

50. The senior executive has so much to do that it is impossible for him to keep in touch with everything.

51. The right information needed to make decisions is not readily available.

52. The managers had to learn the hard way and think others should do the same.

53. People do not really get a thorough explanation of how their performance is valued.

54. Competing organizations seem to have brighter ideas.

55. Each manager is responsible for his own department and does not welcome interference.

56. We only exist to make money for the shareholders.

57. People do not know what is in mind for them in the future.

58. People are judged on personal characteristics rather than on their contributions.

59. On the whole, there is no adequate method of rewarding exceptional effort.

60. Too many people opt out when things are difficult.

61. There is resentment because new people seem to get the better jobs.

62. Some departments have more people than their contribution justifies.

63. Old ideas, rather than new ones, carry the day.

64. Managers are not capable of training others.

65. If the chips were down, managers would not be fully prepared to extend themselves for the firm.

66. Once something becomes an established practice, it is rarely challenged.

67. Meetings are not popular because they are generally unproductive.

68. Management does not care whether people are happy in their work.

69. Management succession and development cannot be planned: there are too many variables.

70. The organization does not pay enough to attract sufficiently competant people.

71. The organization's future plans are of low quality.

72. Our leaders are not direct and open.

73. There is really not much talent around.

74. All too often, important things either do not get done or get done twice.

75. Labor turnover figures are not calculated.

76. Production could be increased if the right skills are available.

77. I do not feel supported in what I am trying to do.

78. This is a dynamic age and the company is not moving fast enough.

79. Lessons learned in one department do not get transferred to others.

80. Little effort is devoted to make jobs interesting and meaningful.

81. Many people are trained who later join competitors.

82. Objectives are expressed in vague terms.

83. People have to work long hours to make an adequate living wage.

84. We would benefit if there were more challenge of the accepted order.

85. People with little or no talent and experience are hired.

86. Some managers are overloaded while others have it easy.

87. Employees do not know how competitive the wages are because comparative figures are not available.

88. People are not encouraged to update their skills.

89. People do not get the opportunity to contribute and as a result, do not feel committed.

90. People do not like to "rock the boat".

91. Competition inside the organization is so fierce that it becomes destructive.

92. Managers do not think that people are interested in the quality of their working lives.

93. The experience of senior managers is not wide enough.

94. Priorities are not clear.

95. People feel as though they work in a "second-class" organization.

96. Standards are too low.

97. When recruiting, the firm finds it difficult to sort out the wheat from the chaff.

98. There is no use talking about reorganization: attitudes are fixed.

99. Management control information is not generated where it is needed.

100. Quality would be improved if the staff were more skilled.

101. Remuneration is below par and people are dissatisfied.

102. Managers are not sufficiently responsive to changes in the external environment.

103. People could help each other more, but they do not seem to care.

104. Managers are not addressed by their first names.

105. Managers believe that management education has little to offer them.

106. Plans seem unreal.

107. The firm's total "benefits package" compares unfavourably with similar organizations.

108. Strong individuals are resented.

109. The organization does not have many recognized recruitment practices: individual managers do what they think best.

110. Departments do not respect the work of other groups.

111. Management does not recognize the cost of a dissatisfied employee.

112. It is not surprising that newcomers sometimes receive a poor impression of the organization, considering the way they are treated in the first dew days.

113. People would welcome more challenge in their jobs.

114. Problems are not faced openly and frankly.

115. Teams do not consciously take steps to improve the way they work together.

116. There is a lot of under-the-surface fighting between managers.

117. Managers are not open about the future prospects of their people.

118. Decisions are made now that should have been made months ago.

119. I, personally, feel underpaid.

120. People are not "stretched" sufficiently.

BLOCKAGE QUESTIONNAIRE · ANSWER SHEET

* FOLLOW THE INSTRUCTIONS GIVEN AT THE BEGINNING OF THE QUESTIONNAIRE.

* IN THE GRID BELOW THERE ARE 120 SQUARES, EACH ONE NUMBERED TO CORRESPOND
  TO A QUESTION. MARK AN "X" THROUGH THE SQUARE IF YOU THINK A STATEMENT
  ABOUT YOUR ORGANIZATION IS BROADLY TRUE. IF YOU THINK A STATEMENT IS NOT
  BROADLY TRUE, LEAVE THE SQUARE BLANK. FILL IN THE TOP LINE FIRST, WORKING
  FROM LEFT TO RIGHT: THEN FILL IN THE SECOND LINE, ETC. BE CAREFUL NOT TO
  MISS A QUESTION.

A	B	C	D	E	F	G	H	I	J	K	L
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	38	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108
109	110	111	112	113	114	115	116	117	118	119	120

TOTALS:

* WHEN YOU HAVE CONSIDERED ALL 120 STATEMENTS, TOTAL THE NUMBER OF "X's" IN
  EACH VERTICAL COLUMN.

ROYAL HOBART HOSPITAL

G.P.O. BOX 1061 L,
HOBART, TASMANIA 7001

ALL COMMUNICATIONS
TO BE ADDRESSED TO
GENERAL SUPERINTENDENT

IF TELEPHONING OR CALLING ASK FOR

....

PHONE ....

TELEX: AA58266

PROFESSIONAL DEVELOPMENT QUESTIONNAIRE

Dear Colleague,

In an attempt to meet the professional development needs of the staff,
I would appreciate your opinion on the type of programs which would be
most suitable. I would be grateful if you would fill in the following
questionnaire and return it to me as soon as possible.

I would also welcome any further comments/suggestions you would like to
make in relation to a professional development program. Remember, if
such a program is to meet your needs, it needs your input.

Thank you for your help.

Cynthia Turnbull.

GENERAL INFORMATION

Age (years)	20–25	26–30	31–35	36–40	40+
	[　]	[　]	[　]	[　]	[

Time since completion of Midwifery

course.	6mths	6mth–1yr	1–2yrs	2–5 yrs	5+yrs
	[　]	[　]	[　]	[　]	[

Location of Training School.

Hobart   [　]

Other Tasmanian   [　]

Mainland   [　]

Other   [　]

Please specify ....

What hours do you work?

Full Time   [　]

Part Time   [　]

Nursing qualifications

Midwifery   [　]

Child Health   [　]

Neonatal Intensive Care   [　]

Paediatrics   [　]

Other   [　]

Please specify ....

Main area of clinical interest	Ante Natal	Delivery	Postnatal	Neonatal	Gynae.
	[　]	[　]	[　]	[　]	[　]

Do you hold tertiary qualifications?   Yes [   ]   No [   ]

                                         If yes, please specify ....

Are you undertaking any Educational

Courses at present?   Yes [   ]   No [   ]

                                         If yes, please specify ....

How do you regard professional

development as a personal

responsibility?   Not important |_____|_____|_____|_____| Very important
                                      1   2   3   4   5

In view of the forthcoming implemen-

tation of career structure, how

strongly do you support a professional

development program within the Q.A.H.

                    Minimal support |_____|_____|_____|_____| Strongly support
                                     1   2   3   4   5

Should a Prof. Dev. program be compulsory?   Yes/No

ORIENTATION PROGRAM

Is there a need for an orientation

program for new staff in the Q.A.H?   Yes/No

If yes, how long should this be?   Days   [1]   [2]   [3]

What areas/subjects should be covered? ....

....

....

....

WARD BASED PROFESSIONAL DEVELOPMENT

Is there a need for a Ward-based staff

educational program?   Yes/No

If yes: How often should these be held? Weekly   2 weekly   Monthly
                                          [   ]   [   ]   [   ]

At what time should the sessions be

held?   11a.m. 3p.m. 9.30p.m. During night Other (Pls specify)
                                       [   ]   [   ] [   ]   [   ]   [   ]

For how long should the session run?   ½ hour   1 hour   Other (pls specify)
                                       [   ]   [   ]   [   ]

Who should organise these sessions?   Sister in charge [   ]

                                       Ward staff   [   ]

                                       Staff development[   ]

Who should present the sessions?   Midwives   [   ]

                                       Doctors   [   ]

                                       Others   [   ]

                                       Please specify ....

What subjects should be covered?   ....
....
....

Would you attend these sessions in

your off duty time?   Yes/No

HOSPITAL BASED PROFESSIONAL DEVELOPMENTAL PROGRAM

Should there be a progessional developmental

program for the Q.A.H. as a whole?   Yes/No

For how long should the session run?   ½ hour   1 hour   ½day session   Other (Pls specify)
                                        [   ]   [   ]   [   ]   [   ]

Who should organise these sessions?   Ward Staff   [   ]

                                       Staff development [   ]

RESEARCH

Do you consider research should
                                            Yes/No
be undertaken within the Q.A. ?

Are you interested in initiating
                                            Yes/No
research on Midwifery topics ?

Are you interested in participating
                                            Yes/No
in Research Projects ?

What Research Topics/Projects could

be undertaken within the Q.A. ?   _____

_____

_____

_____

1ST YEAR ROTATION/MANAGEMENT PROGRAM

Please complete this section if you

are within one year Post Graduation.

Are you interested in participating

in a first year Rotation/Management

Program ?   Yes/No

If Yes :   Your Name _____

            How long should the program run

                                        3 months   [   ]
                                        6 months   [   ]
                                        1 year   [   ]

On what basis should the program

be run ?

                                        hourly sessions   [   ]
                                        ½ day sessions   [   ]
                                        Study Days   [   ]

How often should the sessions be

held ?   weekly   [   ]
                                        monthly   [   ]
                                  2   monthly   [   ]
                                        OTHER   (please specify)

	Yes	No
Ward Management	[ ]	[ ]
Hospital Management	[ ]	[ ]
Leadership	[ ]	[ ]
Motivation	[ ]	[ ]
Stress Management	[ ]	[ ]
Counselling	[ ]	[ ]
Conflict Management	[ ]	[ ]

What subjects should be covered ?

	Yes	No
Decision Making	[ ]	[ ]
Quality Control	[ ]	[ ]
Time Management	[ ]	[ ]
Policy Making	[ ]	[ ]
Research Skills	[ ]	[ ]
OTHERS (Please Specify)		

How long should clinical

rotation be in each unit ?

6weeks	[ ]
8 weeks	[ ]
10 weeks	[ ]
12 weeks	[ ]

Please make any other comments you would like to: in regard to a profession

Development program or aspects of this.

_____

_____

_____

_____

_____

_____

Thank you very much for your assistance,

Cynthia Turnbull

Sample Correlations

	AGE	TIME	LOCAT	WORK	EDUC	PERPRO
AGE	1.0000	.6995	.0325	.3506	.1495	-.0815
	(77)	(77)	(77)	(77)	(77)	(77)
	.0000	.0000	.7791	.0018	.1943	.4811
TIME	.6995	1.0000	.2280	.4397	.0610	-.1832
	(77)	(77)	(77)	(77)	(77)	(77)
	.0000	.0000	.0461	.0001	.5982	.1108
LOCAT	.0325	.2280	1.0000	.0895	-.1513	-.0894
	(77)	(77)	(77)	(77)	(77)	(77)
	.7791	.0461	.0000	.4389	.1890	.4393
WORK	.3506	.4397	.0895	1.0000	.0271	-.2269
	(77)	(77)	(77)	(77)	(77)	(77)
	.0018	.0001	.4389	.0000	.8152	.0472
EDUC	.1495	.0610	-.1513	.0271	1.0000	-.2872
	(77)	(77)	(77)	(77)	(77)	(77)
	.1943	.5982	.1890	.8152	.0000	.0113
PERPRO	-.0815	-.1832	-.0894	-.2269	-.2872	1.0000
	(77)	(77)	(77)	(77)	(77)	(77)
	.4811	.1108	.4393	.0472	.0113	.0000
PRODEV	-.2411	-.3098	-.1244	-.2222	-.2766	.7044
	(77)	(77)	(77)	(77)	(77)	(77)
	.0347	.0061	.2811	.0521	.0149	.0000
WEDPRO	-.0674	-.2059	-.0669	-.0867	.0493	.1120
	(77)	(77)	(77)	(77)	(77)	(77)
	.5605	.0724	.5634	.4533	.6703	.3321
TIME2	.7141	.7949	.2203	.2947	.1601	-.1382
	(77)	(77)	(77)	(77)	(77)	(77)
	.0000	.0000	.0542	.0093	.1643	.2308
OFFDUT	-.0224	-.0466	-.0726	.0199	.0717	-.1185
	(77)	(77)	(77)	(77)	(77)	(77)
	.8470	.6871	.5301	.8635	.5354	.3045
HBLEN	.0876	.0952	.2664	-.0714	-.0035	.0941
	(77)	(77)	(77)	(77)	(77)	(77)
	.4485	.4102	.0192	.5373	.9759	.4159
RES	.1710	.1839	-.1421	.3244	.1359	-.3037
	(77)	(77)	(77)	(77)	(77)	(77)
	.1371	.1093	.2177	.0040	.2387	.0072
INITR	.1019	.1996	.0107	.1131	.2432	-.2733
	(77)	(77)	(77)	(77)	(77)	(77)
	.3778	.0817	.9261	.3272	.0330	.0162
PARTR	.1382	.2652	-.0637	.2204	.0681	-.3684
	(77)	(77)	(77)	(77)	(77)	(77)
	.2308	.0198	.5820	.0541	.5561	.0010

Coefficient (sample size) significance level

	PRODEV	WEDPRO	TIME2	OFFDUT	HBLEN	RES
AGE	-.2411	-.0674	.7141	-.0224	.0876	.1710
	(77)	(77)	(77)	(77)	(77)	(77)
	.0347	.5605	.0000	.9470	.4485	.1371
TIME	-.3098	-.2059	.7949	-.0466	.0952	.1839
	(77)	(77)	(77)	(77)	(77)	(77)
	.0061	.0724	.0000	.6871	.4102	.1093
LOCAT	-.1244	-.0669	.2203	-.0726	.2664	-.1421
	(77)	(77)	(77)	(77)	(77)	(77)
	.2811	.5634	.0542	.5301	.0192	.2177
WORK	-.2222	-.0867	.2947	.0199	-.0714	.3244
	(77)	(77)	(77)	(77)	(77)	(77)
	.0521	.4533	.0093	.8635	.5373	.0040
EDUC	-.2786	.0493	.1601	.0717	-.0035	.1359
	(77)	(77)	(77)	(77)	(77)	(77)
	.0149	.6703	.1643	.5354	.9755	.2387
PERPRO	.7044	.1120	-.1382	-.1185	.0941	-.3037
	(77)	(77)	(77)	(77)	(77)	(77)
	.0000	.3321	.2308	.3045	.4158	.0072
PRODEV	1.0000	.0963	-.2381	-.1903	.1151	-.3187
	(77)	(77)	(77)	(77)	(77)	(77)
	.0000	.4047	.0111	.0974	.3198	.0047
WEDPPO	.0963	1.0000	-.1193	-.0967	-.1123	-.0363
	(77)	(77)	(77)	(77)	(77)	(77)
	.4047	.0000	.3015	.4027	.3307	.7541
TIME2	-.2381	-.1193	1.0000	.0199	.1018	.1233
	(77)	(77)	(77)	(77)	(77)	(77)
	.0111	.3015	.0000	.8639	.3793	.2654
OFFDUT	-.1903	-.0967	.0199	1.0000	-.0026	.1000
	(77)	(77)	(77)	(77)	(77)	(77)
	.0974	.4027	.8639	.0000	.9822	.3869
HBLEN	.1151	-.1123	.1018	-.0026	1.0000	-.2123
	(77)	(77)	(77)	(77)	(77)	(77)
	.3198	.3307	.3783	.9822	.0000	.0637
PES	-.3187	-.0363	.1233	.1000	-.2123	1.0000
	(77)	(77)	(77)	(77)	(77)	(77)
	.0047	.7541	.2254	.3869	.0637	.0000
INITR	-.3279	-.1224	.2449	.4735	-.0076	.2056
	(77)	(77)	(77)	(77)	(77)	(77)
	.0036	.2889	.0318	.0000	.9474	.0726
PAPTR	-.3299	-.0634	.2856	.0946	-.1773	.4658
	(77)	(77)	(77)	(77)	(77)	(77)
	.0034	.5841	.0118	.4131	.1230	.0000

	INITR	PARTR	AGE2
AGE	.1019	.1382	.8373
	(77)	(77)	(77)
	.3779	.2308	.0000
TIME	.1996	.2652	.6881
	(77)	(77)	(77)
	.0817	.0198	.0000
LOCAT	.0107	-.0637	.0319
	(77)	(77)	(77)
	.9261	.5820	.7833
WORK	.1131	.2204	.3338
	(77)	(77)	(77)
	.3272	.0541	.0030
EDUC	.2432	.0681	.0660
	(77)	(77)	(77)
	.0330	.5561	.5683
PERPRO	-.2733	-.3684	-.0607
	(77)	(77)	(77)
	.0152	.0010	.5999
PRODEV	-.3279	-.3298	-.1789
	(77)	(77)	(77)
	.0036	.0034	.1196
WEDPRO	-.1224	-.0634	-.1132
	(77)	(77)	(77)
	.2889	.5841	.3269
TIME2	.2449	.2856	.7934
	(77)	(77)	(77)
	.0319	.0115	.0000
OFFDUT	.4733	.0946	.0637
	(77)	(77)	(77)
	.0000	.4131	.5823
HELEN	-.0076	-.1773	.0967
	(77)	(77)	(77)
	.9474	.1230	.4030
RES	.2059	.4658	.1396
	(77)	(77)	(77)
	.0726	.0000	.2258
INITP	1.0000	.5176	.1440
	(77)	(77)	(77)
	.0000	.0000	.2114
PARTR	.5176	1.0000	.1913
	(77)	(77)	(77)
	.0000	.0000	.0956

Sample Correlations

	AGE	TIME	LOCAT	WORK	EDUC	PERPRO
AGE2	.3373	.6891	.0519	.3338	.0660	-.0607
	(77)	(77)	(77)	(77)	77)	77)
	.0000	.0000	.7883	.0030	.5635	.5965

Coefficient (sample size) significance level

	PRODEV	WEDPRO	TIME2	OFFDUT	HBLEN	RES
AGE2	-.1769	-.1132	.7934	.0637	.0967	.1396
	(77)	(77)	(77)	(77)	(77)	(77)
	.1195	.3269	.0000	.5823	.4030	.2258

	INITR	PARTR	AGE2
AGE2	.1440	.1913	1.0000
	(77)	(77)	(77)
	.2114	.0956	.0000