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WARD LEARNING CLIMATE
and STUDENT NURSE RESPONSE

by

Helen D. Orton, B.A. (Hons.)

Thesis submitted to the Council for National
Academic Awards in partial fulfilment of the
requirements for the degree of Master of Philosophy

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Department of Health Studies
Sheffield City Polytechnic

in collaboration with

Sheffield Area Health Authority Southern District (Teaching)

September 1979

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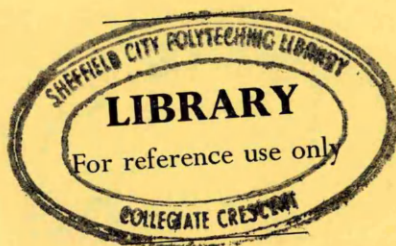
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H.D.O.

ABSTRACT

Ward Learning Climate and Student Nurse Response by H.D. Orton

This research is an exploratory study concerned with student nurse learning on the ward and the related role of the ward sister. Initially three general questions were formulated:-

- 1) What are the general attitudes and beliefs about the 'ideal' situation of the four nurse groups in the study (student nurses, ward sisters, clinical teachers and nurse tutors)?
- 2) What happens on particular wards and can a ward be said to have a learning climate which differentiates it from other wards?
- 3) How is student nurse satisfaction related to attitudes and to ward learning climate?

The attitudes and perceptions of the four groups were investigated by means of a questionnaire using a Likert-type response scale. The satisfactions of student nurses were also explored using the same method.

As a result of the investigation evidence was presented that ward learning climate exists as a measurable reality for student nurses. Not only did respondents display a high level of consensus regarding important elements of ward learning climate but also they discriminated between two extreme types of ward, labelled high student orientation and low student orientation. It was suggested that patient well-being and student nurse well-being were both enhanced in the high student orientation type of ward.

Analysis of data indicated that ward learning climate is a determinant of student nurse satisfaction. General satisfaction with nursing was found to be associated with ward learning climate though this relationship was less close than that between satisfaction provided by a particular ward and ward learning climate.

Finally, the nurse groups were compared and contrasted on the basis of their agreement and differences in response to the attitude measures.

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Introduction

This thesis describes an exploratory study concerned with student nurse learning on the ward and the role of ward sisters in this context. It investigates the attitudes of four groups closely involved in student nurse education, namely student nurses, ward sisters, clinical teachers and nurse tutors, and focuses in particular on the relationship between a ward sister's attitude to the daily running of her ward and the student nurse's learning experience and response. It postulates that 'ward learning climate' is a reality that can be measured.

The purpose of this chapter is to explain how this topic came to be the subject of investigation and to set the scene for the review of literature which follows.

Background to the Study

"Hospitals are communities cradled in anxiety"
Revans (1971, P.4)

To those with knowledge of the issues that concern staff, the treatment of patients or the training of student nurses this quotation has a ring of truth, and the assertion is borne out by the increasing amount of discussion and the range and extent of literature concerning hospitals and their staff and clientele.

The starting point for this research was the widely-held belief that the hospital ward is crucial for student nurse

learning and that the ward sister is the key person in this arena. The following comments, drawn from a wide variety of influential sources, are illustrative of views concerning the importance of ward experience. MacGuire, on the basis of findings which emanated from a study of student nurse training asserted that:-

"The ward sister par excellence is the person that the student looks to for teaching. In the ordering of priorities time for teaching should come very high!" MacGuire (1966, P.5)

More recently, Bendall, in her investigation of some of the assumptions on which written examinations are based, presented the view that:-

"What went on in sister's ward depended (and still depends) on sister and sister alone." Bendall (1975, P.61)

The beliefs underlying these words are echoed throughout the literature in an array of forthright statements many of which include a strong element of dissatisfaction with the status quo. Briggs, in a government report commissioned with the object of implementing change, asserted that:-

"There is a fairly large body of opinion which is not satisfied with the amount or quality of instruction on the wards from staff nurses and sisters. Either because there is no time (the point of view of many sisters involved in such training) or because they cannot be bothered (the point of view of some people in training) there appears to be a tendency to give inadequate practical guidance ..."
Briggs (1972, Para 210)

This was not an original observation, for as early as 1964

Revans had reported that:-

"Several potentially suitable girls were seen by their friends as having been 'driven out of the profession' by sisters who had subjected them to

petty persecutions, who had reprimanded them in the presence of the patients and who had denied them privileges which had been granted to others." Revans (1964, P.52)

A review of the literature five years later showed that:-

"Little formal training takes place in the ward situation, training often falls short of expectations, life is fraught with major and minor disasters which leave some students feeling that the hospital lacks regard for them as individuals." MacGuire (1969, P.87)

Despite identification of the problems involved a lack of research-based knowledge is readily admitted. Wherever research into nurse education is discussed this dearth of fact is a recurring theme. For example, Dodd, in an important project which explored the hospital as a learning environment for student nurses reported that:-

"The total research picture shows a marked absence of any form of research activity in the field of nurse education per se." Dodd (1973)

Other researchers make the same point:-

"There is little research illuminating the situation within nurse training, except in the field of recruitment and wastage." Bendall (1975, P.11)

"The limited results gained from this project show how little knowledge we have about how nurses learn, how deviations occur, and the extent to which the ward environment influences retention and recall." Hunt (1974, P.66)

These quotations are representative of views expressed by many people who have undertaken research into student nurse learning only to discover the deficiency of knowledge in the field.

However, the prevailing view, whether or not validated, is that as far as student nurses are concerned the ward features prominently in their training and the ward sister is the most influential person dominating the scene. The atmosphere resulting from her attitudes and behaviour has been likened to the climate of a geographical region:-

"Like the weather, the atmosphere of a hospital ward is affected by many forces - some positive, some negative, some poorly understood." Stevens (1961, P.95)

"The concept of climate would include all the aspects of the situation which act as irritants to the students and which create a context which is unfavourable to the completion of training." MacGuire (1969, P.87)

"In discussing the main tasks on a ward many sisters would stress the importance of keeping a happy atmosphere rather than the carrying out of technical tasks." Davies (1971, P.16)

"Finally it seemed that the ward sister's orientation could be used as a measure of the environment." Bendall (1975, P.22)

The ideas conveyed in these quotations give clear expression to widely-held views concerning the student nurses' dependence on the attitudes of ward sisters. The latter are frequently criticised for their unwillingness or inability to teach, but the conflicting demands on their time are also recognised.

"Traditionally our training has been by example, so are the present student nurses going to perpetuate the status quo when they too become sisters? Surely it is time to review the role of the ward sister as a teacher and either reorganise her work in such a way that she has time to teach the student nurses or else we must accept the fact that this is no longer her function and arrange for adequate teaching and supervision for the students from other sources." Lelean (1973, P.103)

Although these and other authors are convinced of the importance of the ward and its sister for student nurse learning they are, on the whole, unable to produce supporting evidence. It appears to be common knowledge that the situation exists in the manner described and yet little in the way of explanation is forthcoming.

The nature of the present type of project tends to produce one-sided comments which may distort the overall picture. Clearly, there is much dissatisfaction with the status quo but there exist examples of admirable ward practice and ward sister attitudes which illustrate what is possible. Professor McFarlane (1977), one of this country's leading nurse educators, recently wrote:-

"We must all have been impressed at some time in our professional lives by the wisdom of experienced ward sisters. If we could only catch their wisdom and write it down we would have a rich feast of nursing concepts." (P.264)

An exceptional ward sister is described by Dodd (1973) as providing continuous feed-back to trainees and making fully explicit her standards of care and organisation so that a highly-stable and happy atmosphere was created.

Similarly, a first-year student nurse described a particular ward in the following words:-

"All staff treated the students with kindness and understanding and showed willingness to teach us".

Despite the existence of such commendations the overwhelming impression of the ward learning situation is one of

deficiency where the need for change is acknowledged at all levels.

The atmosphere prevailing in the ward - or, indeed, in any work setting - has often been recognised as having important consequences for all those involved. Stevens (1961) and MacGuire (1969) stress the crucial nature of ward atmosphere, and if they are to be believed then factual knowledge is urgently needed in order that the circumstances may be understood and, where appropriate, change implemented.

The concept of a ward learning climate is one that implies prevailing circumstances which are experienced by a high proportion of student nurses passing through a particular ward, irrespective of the attitudes of those students.

"Conceptually, it makes sense to look for some consensus among a population if this is to reflect a characteristic of the environment." Payne, Fineman and Wall (1976, P.49)

If it could be demonstrated that climate is a function of ward sister attitude and behaviour and that the student's response to climate is not mediated by the latter's general attitudes to nursing, then such evidence would make a valuable contribution towards greater understanding of the learning situation.

An additional insight to emerge from the literature and interviews adds weight to the importance of ward learning climate. This is the not-unexpected proposition that patients, as well as students and qualified staff, are

significantly affected by ward learning climate. McGhee (1961) strongly supported this view in her discussion of the patient's attitude towards nursing care:-

"The importance of the ward sister to the patient cannot be overemphasised. The junior nurse would be judged perhaps by her friendliness, a staff nurse perhaps by her technical skill, but the ward sister was judged by the 'atmosphere of the ward'. This, if its importance can be measured by the number of times it was mentioned, was of the utmost importance to patients, some of whom claimed a direct correlation between rate of recovery and the 'atmosphere of the ward'. No-one formally defined the phrase, but, in informal definition, it meant the state of relationships within the ward - inter-staff relationships, inter-patient relationships and staff-patient relationships. A lorry driver, who had been in hospital twice before, and who admitted that he came in 'expecting to be pushed around as usual' gave vivid point to his description of a good atmosphere by concluding with 'In fact, in Ward X you could forget you were a patient: it was just like being an ordinary human being.'" McGhee (1961, P.41)

In recounting how she tackled the problem of insufficient ward teaching Barnett recorded that:-

"The rewards for all this effort were tangible; patient care was carried out in a more intelligent manner; both nurse and patient benefitted." Barnett (1974, P.1047)

Two more quotations emphasise the link between ward learning climate and the well-being of both patients and staff.

"It is probable that the forces that create tensions in personnel stimulate a reaction that almost immediately initiates a like reaction in the patients they are caring for. This direct transmittal of anxiety emphasizes the need to establish a working climate that reduces such tensions to a minimum." Stevens (1961)

"The solicitude with which the nurses treat their patients is therefore closely bound up with the attitude and communication pattern of the ward." (Revans, 1964 P.89)

Although this study does not focus directly on patient welfare some aspects of the subject are illuminated by the investigation.

It was with these considerations in mind, namely, the significance of the hospital ward, the key role of the ward sister, dissatisfaction with the status quo, lack of research evidence and the significance of ward learning climate that the author initiated a programme of interviews with practitioners in a wide variety of nursing spheres.* These contacts overwhelmingly confirmed the views expressed in the literature and reiterated the need for research in the field. The following remarks are typical of a large number of comments:-

"The ward sister 'sets the tone' in her ward."
(Group Training Officer)

"Ward sisters are only interested in preserving their status; questions from student nurses are seen as a threat."
(Graduate SRN student)

"There is not half the teaching that ought to be done on the wards."
(Nursing Officer, Medical Unit)

"The ward sister is king-pin."
(Nursing Officer, Geriatric Unit)

"The ward sister tries to please her consultant. This affects the atmosphere on the ward."
(Nurse administrator)

"The ward sister is limited in her ability to teach by her other duties."
(Senior Nursing Officer, General Hospital)

*See Appendix A for a list of individuals and groups consulted.

"The teaching role of the ward sister is non-existent."
(newly qualified staff nurse)

"There are very different (teaching) practices on
different wards." (Ward sister)

"Ward sisters have different expectations of their
role." (State registered nurse/Polytechnic lecturer)

"It should be possible to look at a particular ward
and ask how good the learning experience has been."
(Research officer)

"Generally I'm happy and I don't really care what the
ward sisters think of me because my first loyalty is
to the patient and I'll do things for him, not the
ward sister. Some wards are nicer than others - it
depends on the ward sister." (1st Year student nurse)

During the course of the interviews it was noticeable that
many nurses referred to their initial state registered nurse
training as a time either of achievement and satisfaction
or of worry and stress when they were subject to the seem-
ingly unfettered authority of those above them in the
hospital hierarchy. (Many experienced both facets at
different times.) Ward sisters were frequently mentioned
as authority figures with the power to 'make' or 'break' a
particular clinical experience. Similar views were expressed
by nurses still in training:-

"If sister was in a good mood the atmosphere was a
little relaxed, but if she was in a bad mood there
was a lot of friction." (1st Year student nurse)

"Some ward sisters do not respect us and give us 10
jobs to do at once." (1st Year student nurse)

"Student nurses should be understood more (by ward
sisters) and treated as learners. On the whole there
seems to be a lack of care. There is still a minority
who do care." (2nd Year student nurse)

It is clearly important that student nurses should be reasonably happy and successful during their training period, not just to reduce wastage and therefore cost, but to enhance their learning experiences in order to foster their development, satisfaction and value to the hospital service.

The interviews with practitioners confirmed the importance of issues highlighted in the literature and also served to identify the key elements which were repeatedly thrust on the author's attention. Evidence of the existence of ward learning climate seemed to be crucial for any elucidation of the broad issue of student nurse learning on the ward. Thus it was at this point the author decided to narrow the research to an investigation of ward learning climate and student nurse response. The decision took into account the knowledge and understanding conveyed by practitioners in the field. Meeting the expressed needs of these nurses was an important consideration even though the resulting conclusions might fail to confirm their cherished beliefs.

In order to attempt some measurement of ward learning climate it was decided to study particular wards and to try to isolate factors which differentiated them from other wards.

The resulting ward profiles, reflecting the attitudes and behaviour of ward sisters, could then be related to student nurse satisfaction. It would be necessary to ascertain the

general attitudes towards nursing of student nurses in order to check whether student nurse description of, and response to, ward learning climate was a product of the climate itself or whether it was mediated by individual student nurse attitudes.

It can reasonably be argued that it is important to know more about the attitudes held by students and nurses at all levels because student nurses rise through the ranks to become tomorrow's ward sisters. Are the views of the two groups identical? Is there some progression from 1st year student nurse to 2nd and 3rd year and finally to ward sister?

Time constraints imposed a limitation on the number of people who could be included in the study. Since the key people for student nurse learning were identified as the students themselves, ward sisters, clinical teachers and tutors it was decided to concentrate on these four groups.

In order to pursue the aim of demonstrating the existence of ward learning climate a questionnaire was developed in three sections, each one having a separate purpose.

Section A was concerned with general attitudes related to nursing and views about the ideal situation. It aimed to discover whether there were differences between the four nursing groups.

Section B referred to a number of specific wards and

elicited descriptions of what actually happened in each.

Section C investigated the level of student nurse satisfaction arising from a particular ward experience and how this affected attitudes to nursing.

Within each section individuals were invited to comment freely in addition to responding to the items. This dual provision offered an opportunity for verification and cross-checking of the information forthcoming.

Thus the development of the questionnaire was guided not only by the literature but also by the views of practitioners who saw the issues in comparable terms.

Chapter 2, which follows, reviews the evidence presented in the literature and is succeeded by a description of the design of the study.

The aim of this chapter is, firstly, to review the literature concerning student nurse learning on the ward and to describe the present state of knowledge in this field and, secondly, to review the concept of climate as used in organisational psychology.

Student Nurse Learning on the Ward

Over the past 20 years research activity within the nursing field has assumed growing importance. At first sight it would appear that the range of studies must include a considerable amount of information concerning student nurse learning on the ward. This is not the case, however, and a dearth of facts is soon apparent. This deficiency is regretted by the Briggs report which identified the need to remedy the situation:-

We have been given ample evidence that in nursing and midwifery education insufficient attention is paid to research as a continuing activity. Nor is there enough emphasis on research as a prelude to innovation. Nursing should become a research-based profession."
Briggs (1972, Para 370)

Much attention has been paid to the issues of patient care, and research in this area has involved a consideration of the nature of nursing practice.

'What is nursing?' and 'How can we measure good nursing care?' are illustrative of the type of question to which many nurse researchers have addressed themselves. Perhaps the best known project of this type is the one undertaken by the Royal College of Nursing at the invitation of the Ministry

of Health in 1966. 'The Study of Nursing Care' (consisting of a series of individual studies) was set up with the purpose of establishing criteria or standards of quality of nursing care. Inman (1975) in her review of the series concluded with an appeal for nurses to carry out more research into nursing practice. Both she and Roper (1976) saw nursing in the future as a research-based profession, though McFarlane (1974) warned that a basic measure of quality of nursing care was not (at that time) available.

Only indirectly, if at all, do the 'Nursing Care' studies shed light on the learning situation of student nurses. Research which does profess to focus on the learner is mainly concerned with the loss of students (and pupils) recruited into training programmes. MacGuire (1969) identified four aspects of this loss in her summary of recruitment and withdrawal studies:-

- 1) the candidates' pre-nursing background
- 2) their educational attainment
- 3) the image of nursing which they held on entry
- 4) their experience during training

It is this fourth aspect which is relevant for the purpose of this study.

The literature now reviewed is divided into six sections, each of which focuses on a separate, but related, aspect of training experience.

- 1) The Relationship between the student nurse and the ward sister.

Few would deny the importance to student nurses of their relationship with the ward sister on whose ward they happen to be located. Hutton (1965) reported that the major factor which determined to what degree 1st Year student nurses successfully adjusted to the ward situation was their relationship with the ward sister. Most of all these students disliked arbitrary authoritarianism. Simpson (1968) in reporting difficulties in relationships between student nurses and senior nurses quoted one student as saying, 'It is not so much that relationships are bad as that they are non-existent'.

A similar point is made by Revans in one of the most influential studies to be published in the past 15 years. His is one of the few systemic attempts to investigate, describe and analyse factors relating to the hospital environment and the quality of relationships within it. In describing the difficulties faced by student nurses making the transition from the school to the ward he observed that:-

"What really shocked and confounded them was that they sensed so little understanding; they felt offered so little help that they gained confidence neither in themselves nor in their seniors. The only sympathy and support they recognised was from their struggling colleagues in the same training school set; some reported an anxiety to learn, but shrank before the sisters as an absconding prisoner avoids the alerted sentry." Revans (1964, P.50)

Similarly, Bevington (1948) concluded from 500 interviews that student nurses did not feel they were regarded as individuals and that probationers needed more active help

in adjustment to hospital life.

Emotional support for learners is a theme included in a WHO paper concerned with educating the health professions:-

"Learning is facilitated when a teacher develops a high level of skill in questioning thoughtfully, listening perceptively, and responding supportively."
Miller and Fulop (1974, P.63)

2) Ward Atmosphere

Undoubtedly Revans (1964) has had a significant influence on thinking and research concerning organisational factors and how they affect staff and patients in hospitals. (An early example of the contribution that can be made by research to greater understanding of hospital relationships.) In attempting to answer the question:- 'Why are some hospitals more effective than others in keeping all grades of staff?', he concluded that staff turnover, and indeed patient turnover, were associated with ward atmosphere which in turn reflected the quality of human relationships. He illustrated how all who work (or live) on the wards are caught up in a 'social climate' which pervades all clinical and teaching activities.

The role of the ward sister in creating and maintaining the atmosphere which prevails in her ward is a theme pursued by McGhee (1961) and taken up by many others over the intervening years (eg MacGuire (1969) and Bendall (1969)). Writing for a readership of potential ward sisters Perry (1968) emphasised the ward sister's accountability and

responsibility for providing student nurses with 'good' experience on the ward and described the ways in which the ward sister can influence the quality of such experience. After stressing the ward sister's need for nursing knowledge and competence Perry continues:-

"Secondly, if the ward sister is a good administrator each member of the team is given the satisfaction of making the maximum contribution to patient care in accordance with her particular talents, knowledge, skills and experience; thus a happy atmosphere is engendered." (P.182)

More recently, the General Nursing Council (1977) has recognised the importance of ward atmosphere by including in its statement of policy the following assertion:-

"The institution in which training takes place has an incalculable effect; learning which takes place in the day-to-day experience of living constitutes the 'hidden curriculum', and in this context the criteria on which training schools are approved are re-stated:-

2.5 That the wards and departments chosen for training offer a good climate for learning." (P.2)

Ward atmosphere and learner development were linked by Schurr (1969) in her assertion that student nurses are quick to recognise a well-organised ward and appreciate an environment in which they are given the opportunity to ask questions and to show responsibility and initiative.

In her discussion of how ward sisters saw the main tasks on the ward Davies (1971) stressed the importance they attached to maintaining a happy atmosphere rather than the carrying out of technical tasks. She found this view confirmed in the emphasis that matrons laid on the personality of a ward

sister and the importance of certain personal qualities when defining a 'good' ward sister.

For Stevens, utilising his own and others' experience, the focus of interest was the therapeutic aspect of ward atmosphere and he illustrated how patients and staff alike can benefit:-

"A therapeutic ward climate is an atmosphere that promotes in patients feelings of security and of being accepted. It carries warmth, inspires confidence in patients and motivates their efforts to help themselves. In such a climate, nursing personnel work well together and with others, show sympathetic interest and enthusiastic effort, and make their maximum contributions to their patients' health goals." Stevens (1961, P.95)

Others, too, have developed the idea that a happy atmosphere for students is also a beneficial one for patients (eg Barnett, 1974, Revans, 1964). Rudd (1974) reminds us that:-

"Patients rehabilitate 'through the mind' and that such mental attitudes as happiness, confidence, optimism and self-respect are powerful therapeutic influences." (P.53)

Perry, having described the attributes of a ward sister who provides high quality experience on the ward, adds her belief that:-

"This is the first step towards providing an environment conducive to learning good nursing practice and it is inextricably bound up with providing good patient care." (P.184)

In the more general literature of Occupational Psychology a number of writers have attempted to evaluate the concept of 'organisational climate'. Payne, Fireman and Wall (1976)

recorded some of the findings and went on to discuss various facets of climate. Of particular relevance to the present study is the following statement:-

"Using job climate as a concept raises again the distinction between measures which are based on descriptions of the environment (climate), and those which are affective reports of how a person feels about his job (job satisfaction)." (P.50)

(This question of measuring climate as distinct from measuring response to climate will be developed in Chapters 5 and 6 which report on the questionnaire findings.)

3) Integration into the Ward team

One facet of the student nurse's adjustment to nursing is the extent to which she feels herself integrated into the ward nursing team.

There are several references to this type of integration, and here again the work of Revans (1964) provides valuable insights. He reported that the reality of including the student nurse in the ward team gave emotional support and resulted in a lessening of her anxieties.

(The problems associated with anxiety and with the strategies developed by nurses for coping with it are clearly elucidated in Menzies' (1961) much-quoted document.)

Stevens (1961) suggested that staff teamwork is important for the emotional security of patients who need to see positive evidence of its existence.

The ward sister was referred to, ideally, as 'the leader of a team of therapists' by Rowbotham (1973), but evidence suggests that the reality of the situation in many cases does not match up to the ideal.

The Nuffield Provincial Hospitals Trust (1953) analysed nearly 16,000 hours worked by all grades of nursing staff and could find little evidence of any planned working together.

An experiment in ward organisation, based on individual patient needs, was described by Pembrey (1975) who recounted the changes in ward routine which became necessary. In addition to portraying the benefits to patients she concluded that thriving teamwork - and satisfaction - was the most far-reaching result.

The work of Merton (1969) on the nature of leadership provides a relevant framework for viewing the ward sister's role as team leader:-

"Identifiable social processes produce the respect that makes for effective leadership. First, respect expressed by the leader breeds respect for the leader. As he exhibits respect for members of the group and for their shared values and norms he finds it reciprocated." (P.313)

Early leadership studies in Occupational Psychology reinforce this view of the vital role played by the team leader.

Pearlin (1962) observed that lack of participation in decision-making was related to job dissatisfaction among

nursing personnel, and Nealey and Blood (1968) recorded that nurses' satisfaction in a number of spheres was positively associated with the amount of consideration displayed by their immediate superiors.

In a more general work context Warr and Wall (1975) reviewed a number of research findings which indicated that consideration for employees by supervisors was positively related to favourable work attitudes on the part of employees.

The link between leadership and teamwork, and its importance for individual development, was emphasised by Scott Wright (1974) in a reference to student nurses (whom she specifically included amongst grades 1-5):-

"It is in these very grades of staff - numbers 1-5 - that there is the greatest need for developing a teamwork concept, and ensuring that the full potential of every worker is used." (P.70)

The Platt Report (1964) came out firmly in favour of the beneficial effects to both patients and student nurses of an integrated nursing team, and claimed that this approach to the care of patients would provide a valuable learning situation for student nurses.

At a much broader level of generality an OECD report (1975) advocated that students in all the health professions should be given opportunities for learning together in order to be prepared for future teamwork.

It would appear that the processes of consultation and

communication are vital if the concept of teamwork is to have any real meaning. A Kings Fund Centre conference in 1975, entitled 'Teamwork in the Ward' highlighted several instances where ward sisters had discouraged or 'sabotaged' communication, especially from student nurses, because they themselves felt insecure.

"All agreed that a new breed of sister was needed to cope with the demands of consultation ... "

Swaffield (1975)

The difficulties that ward sisters experience in implementing the process of communication are described by Lelean (1973). In addition to an increased number of disciplines, she recorded a rise in the number of nurses - largely because of the greater use of part-time staff - and a corresponding decrease in the time available through the shorter working week. Since all communication to and from the ward is channelled through the ward sister she claimed that a bottle-neck situation can easily arise and check the free flow of information and ideas.

Shared responsibility (and, by implication, teamwork) was one of the themes discussed by a working group of the Scottish National Nursing and Midwifery Consultative Committee (1976). The group laid stress on the importance to nurses (including students) of learning to make team decisions and how to share responsibility.

4) Teaching on the Ward

Turning now to the question of how much teaching is given

on the ward it is clear that a large part of the total amount of research into student nurse education and training has been concerned with this topic.

Briggs (1972) was not alone in identifying inadequacies in both the quality and quantity of practical guidance on the ward. He asked 3,000 trainees and recent trainees to identify the 'one aspect of training which most needs improving'. Top of the list came 'The quality of teaching on the wards' (32%) with next in line 'The link between theory and practice (18%)'. (Briggs 1972, Table 15.) In the same survey 35% rated 'instruction from staff on wards' as 'not very good' or 'poor'; 41% thought it was 'quite good' and 23% 'very good'. (Table 10.)

In Birch's study (1975) 39% of withdrawing candidates mentioned lack of ward teaching as a contributory reason for leaving, and 98% cited poor staff relationships.

One instance is cited (Barnett, 1974) where lack of ward teaching experienced as a student led the author to remedy the situation on assuming ward sister status.

The effect on the patient of the ward sister's teaching of student nurses is illustrated in this passage:-

"In those wards where the ward sister openly made time to teach and supervise nurse training this was remarked upon by the patients who felt more confident than patients in wards where nurses were told what to do but never how to do it." McGhee (1961, P.47)

Lelean (1973) is amongst those who have illustrated the very

small proportion of time which the ward sister spends with student nurses. She found that only 2% of the ward sister's time was spent in communication with 1st Year student nurses and quite frequently no communication took place between one or other nurse and the ward sister during an entire morning. This situation related to 80% of the 1st Year student nurses in her study. She comments:-

"These are thought-provoking findings, because surely these nurses are the very ones who need support and encouragement from the sisters if they are to settle down and be able to work as effective members of the ward team." (P.103)

The findings of Revans (1964) were very similar - and revealed a time allocation by the ward sister to 1st Year student nurses of less than 1%.

In her review of the satisfactions and dissatisfactions of student life Simpson (1968) reported that students would like:-

"A logical programme of training, with more teaching, more opportunities to learn and a feeling of progressing throughout training to a recognisable end." (P.335)

That student nurses accord greater importance to ward teaching than to classroom (or school) teaching is clearly evident.

MacGuire (1961) and Hunt (1974) both confirmed this view and asserted that the ward should be the place where learning needs are satisfied. Both authors cited reports which showed how little teaching and supervision student nurses actually received from ward sisters and staff despite the

fact that these are the people from whom teaching would be most acceptable.

There is an ironic flavour of optimism, rather than realism, displayed in the General Nursing Council syllabus (1969) which states that:

"Learning will take place both in the teaching department and in the wards and departments of the hospital ... "

The fact that ward sisters do not spend much time teaching student nurses is well-documented. Apart from the occasional atypical example (eg Dodd's (1973) outstanding ward sister) the overwhelming impression is of the low priority that ward sisters accord to their teaching function.

Nuffield Provincial Hospitals Trust (1953) found that the time spent by a ward sister in direct teaching on the ward varied from as little as 7 minutes a week to as much as 11 hours. Only 1 ward sister spent 25% of her time with student nurses; the rest spent between 5% and 19%.

Revans (1964) reported that student nurses did not feel that they obtained much helpful instruction on the ward.

"The majority of ward sisters in the hospital did not seem to be interested in teaching their juniors and were said to discourage questions." (P.55)

He added

"The difference between giving learners the opportunity to ask questions, on the one hand, and of denying these opportunities, on the other, is not merely the difference between making learning pleasant or making it

laborious; it is the difference between learning and not learning." (P.55)

Bendall (1975) in her sample of 270 learners in 19 hospitals discovered that only 8% thought there was 'a great deal' of teaching given in the wards. More than twice that number thought there was 'very little' and 54% said that the amount of teaching varied from ward to ward. A further interesting finding was that 41% thought they learned most from their fellow students, as opposed to ward sisters, staff nurses, tutors and clinical teachers. While in most learning situations students would expect to learn from each other, the evidence concerning the large extent to which student nurses are left to teach each other gives added weight to the students' complaints.

The reasons for this lack of teaching are neither simple nor immediately explicable. Numerous pressures on the ward sister's time from many sources must inevitably lead her to make decisions about priorities and to favour certain tasks rather than others. Quite apart from the time constraint, if ward sisters do not feel confident of their ability to teach student nurses they are unlikely to engage in teaching to any great extent. Charleton (1975) in her report of a first-line management course for ward sisters, noted that:-

"The sisters expressed the need for more help with interpersonal relations and with techniques of teaching in the ward situation." (P.85)

But whether or not ward sisters are adequately prepared for

this function it remains an important aspect of their role.

5) The Difference between Ward and School Methods

Nurses of all grades appear to share a common assumption that nursing procedures are carried out in one manner on the wards and another in the school.

MacGuire (1966) reported that over half the student nurses in her study had found discrepancies between school and ward methods.

Hutty (1965), in investigating the factors involved in the adjustment of 77 1st Year student nurses to their training, isolated the problem of switching from the ideal procedures taught in the school to the flexible methods of the wards.

Differences in ward and classroom practices were claimed by Birch (1975) to contribute to over one third of student nurse withdrawals.

Briggs (1972) reported that 18% of recently trained nurses identified 'The link between theory and practice' as the one aspect of training which most needed improving.

Hunt (1974) was able to validate her original hypothesis 'That when carrying out procedures on the ward, nurses deviate from the method taught to them in the classroom'. She reported that every nurse deviated to some extent from the taught procedure and that most nurses deviated quite considerably.

Perhaps the issue was put most cogently by Bendall in her assertion that:-

"The only strategy which holds a promise of lasting improvement is to seek to resolve the conflict between the ideal and the real ... In view of the long historical development of the conflict it is unlikely that any attempt to patch up the existing situation, as defined, would succeed. What is needed is a re-definition of the whole process of training, in terms of the work trainees are required to do, both during training and as trained nurses ... 'Briggs' will bring no improvements if the real and the ideal stay as they are now; in fact the situation will almost certainly worsen as the two become more polarized." Bendall (1975, P.67)

6) Service versus Training needs

The relationship between the servicing needs of the hospital and the training needs of student nurses is a longstanding problem which has yet to be resolved.

The Platt report (1964) recorded that:-

"The familiar pattern of the service demands of the hospital taking precedence over the educational needs of the student remains the major obstacle in the path of progress." (Para 40)

Seven years later the Royal College of Nursing (1971) evidence to the Briggs committee asserted that:-

"Training must be separated from service"
(Para 36)

In the same document the authors identified an authoritarian tradition in nursing which they claimed was contrary to the mood of today's liberal society.

Revans (1964) discussed what he saw as a basic problem in all the training schools and hospitals covered by his research.

On the one hand there were the needs of the student nurse for planned programmes of practical work on the wards, and on the other the needs of the organisation to ensure that personnel performed necessary tasks. These conflicting needs were seen as incompatible.

For Towell (1975) and Alaszewski (1977) the focus of interest was psychiatry and subnormality, but they both stressed the inherent difficulties of the general application within nursing of the apprenticeship system whereby service needs of hospitals take precedence over educational needs of students.

The role conflict accompanying this situation was discussed by Lelean (1973) who found that most nurses (including students, staff nurses and ward sisters) felt that more time should be devoted to teaching students. When presented with a choice of 4 answers, over 80% of her respondents agreed that, given more time, qualified staff should 'spend more time teaching students and other staff'. Lelean commented that patients, likewise, opted in larger numbers for this response than for 'explaining things to patients', 'improving the facilities of the ward' or 'assisting the doctor'. Similar notions of role conflict were reported by MacGuire (1966) and also by Anderson (1973) who found that student nurses placed more emphasis on their student role than on the nurse role, and wanted their superiors to do the same.

Maillart (1973) criticised the dual nature of the student

nurse role and asserted that:-

"While teaching in realistic situations is essential for all professions that have responsibilities for caring for people, the dependence of hospitals on student nurses to provide 60-80% of the nursing services shows how illusory the educational experience is, since under these circumstances learning becomes centred on the technical and routine aspects of health care." (P.243)

The contradictory nature of the student role emerged as a major theme at a Kings Fund Centre conference on 'The Future of Nurse Education' in 1975. Members were in complete agreement that the reality of ward life means that training is sacrificed to service needs, and they condemned the apparent inevitability of this situation.

Bendall (1977) firmly stated her belief that there is no possible mid-point between the extreme positions of student and employee. Finally, Briggs (1972) in summarising the fundamental problems existing in nurse education, placed at the top of the list:-

"The ambivalent position of the nurse in training as both learner and worker." (Para 212)

In assessing the balance between learning and working in wards, 70% of student nurses thought there was 'too much working', and only 10% 'too much learning'. 28% assessed the balance as right. (Briggs, 1972. Table 11.B)

Judging from the importance that both students and qualified staff attach to this issue it is clearly necessary for a resolution to be found.

Summary

In this Section the evidence concerning student nurse learn-

ing on the ward was reviewed under six headings:-

1) The relationship between the student nurse and the ward sister.

The importance of this relationship to the student nurse was demonstrated, and the generally unsatisfactory state of affairs outlined by reference to a variety of authors.

2) Ward Atmosphere.

Evidence for its existence was examined including studies which argued that both student nurses and patients benefit from a favourable atmosphere.

3) Integration into the ward team.

It was demonstrated that the integration of student nurses into the ward team is associated with emotional support for students and patients alike. Evidence for a correlation between 'good' communications and teamwork was discussed, and the need for shared responsibility examined.

4) Teaching on the Ward.

The evidence reviewed showed a lack of ward-based teaching, coupled with dissatisfaction at the existing state of affairs. Both the quality and the quantity of teaching were shown to be deficient except in a minority of situations.

5) The difference between ward and school methods.

A discrepancy between methods taught in the school and those

used in the ward was discussed. The dichotomy between the 'ideal' and the 'real' was highlighted as a problem of considerable importance.

6) Service versus training needs

The evidence concerning the crucial nature of these competing needs was reviewed, and the resulting role conflict for student nurses identified.

The Concept of Climate as used in Organisational Psychology

The theme running through the previous section of this chapter concerned the atmosphere, or climate, on the ward, the centrality of the ward sister's role in creating this atmosphere and its more specific manifestations with respect to student nurse integration, emphasis on teaching, compatibility in nursing methods between ward and school and the handling of the inherent conflict between service and training needs on the ward. In one sense the literature reviewed is very rich in that it points to the recognised need for a notion of climate as an explanatory concept, particularly in relation to the dimensions which are salient for nurse education.

The literature is weak, however, in two important respects. Firstly, it contains little systematically-collected empirical evidence, and secondly the central concept of climate is ill-defined and poorly developed. Since climate

psychology much can be learned from that context which is relevant to the present study. Considered here, therefore, is that literature on climate which can most appropriately offer guidelines for the present research.

In their work on "climates of values" in medical schools Christie and Merton (1958) expressed some thoughts which are especially pertinent:-

"It is true that we often find ourselves speaking of 'climates' and 'atmospheres', of a climate conducive to research or of an atmosphere conducive to learning. Everyone senses what is meant by these expressions. Some recognise that these need not be treated as only figures of speech, that they need not remain meteorological metaphors. But if climates of values are to be examined and methodically related to the ways in which they affect the learning of students then methods must be developed to describe and to compare them."
(p127)

Similar concerns have been expressed by those engaged in research into organisational psychology where climate first appeared regularly in the literature on organisations as recently as the 1960's. Since then a considerable amount of time has been devoted to exploring the concept particularly as a focus for empirical investigation. It attracted attention because of the realisation that, just as a total organisation can only be appreciated in relation to its external environment, so knowledge of the social processes occurring within an organisation is necessary in order to make sense of the internal environment. In other words it came to be realised that a concept denoting the character and consequences of the psychological environment was needed by those trying to explain individual or group behaviour

in organisations.

1) Definitions of Climate

Formal definitions of climate were found by Tagiuri (1968) to be rare: more commonly authors were said to allow their readers to assimilate the meaning from the context. Nevertheless some have been offered. Payne (1971) has described organisational climate as:-

"A molar concept reflecting the content and strength of the prevalent values, norms, attitudes, behaviors and feelings of the members of a social system which can be operationally measured through the perceptions of system members or observational and other objective means." (p156)

More appropriate for the present research is an earlier definition by Forehand and Gilmer (1964) who stated that organisational climate is:-

"the set of characteristics that describe an organisation and that (a) distinguish the organisation from other organisations, (b) are relatively enduring over time, and (c) influence the behavior of people in the organisation." (p362)

Tagiuri (1968) criticised this definition on the grounds that it gave insufficient attention to member perceptions. He preferred to define it this way:-

"Organisational climate is a relatively enduring quality of the internal environment of the organisation that (a) is experienced by its members, (b) influences their behavior, and (c) can be described in terms of the values of a particular set of characteristics (or attributes) of the organisation." (p27)

2) Empirical Studies

As early as 1958 Pace and Stern produced the first of what

was to be a long line of studies of college environments. They developed an environmental measure called the College Characteristics Index (CCI) which was used in conjunction with a personality measure to test many thousands of people from a large number of colleges and universities. This dual approach, encompassing an environmental and a personality measure of the same concept, enabled the authors to show that perceptions of the environment do not appear to be strongly influenced by personality.

Stern (1967) went on to develop a number of more specific climate indices of which the Organisational Climate Index (OCI), for use in organisations generally, is the best known.

A few years later Payne and Pheysey (1971) reconceptualised OCI with the purpose of measuring environment from a standpoint which focused on those concepts common to the structure and functioning of work organisations rather than on individual employee personalities. Their new measure, called the Business Organisation Climate Index (BOCI), was tested on a sample of one hundred and twenty junior managers from more than one hundred different companies. The authors concluded that, of the possible types of data about people and their environments, BOCI was a sound and reliable measure providing one type of relevant data.

Many other climate studies have been carried out over a long period of time. Amongst those which have proved most useful in developing the concept of climate are Tagiuri (1968) and Litwin and Stringer (1968).

One of the problems inherent in relating such studies to the hospital situation is that they have been mainly located in educational establishments or in manufacturing and commercial enterprises. In other words the literature on organisational climate is concerned either with students or with employees.

The uniqueness of the hospital ward for student nurses lies in its dual function as both 'learning' and 'work' arena.

3) Major Dimensions of Climate

Whatever the accepted definition of climate and the type of measure used, researchers are faced with the problem of deciding which aspects of the organisational climate deserve attention.

In considering this issue Campbell et al (1970) examined a number of climate questionnaires and concluded that all the measures gauged four main organisational characteristics:-

- (1) individual autonomy; (2) the degree of structure imposed on the position; (3) reward orientation; and (4) consideration, warmth and support.

Forehand and Gilmer (1964) identified five aspects:-

- (1) size and shape; (2) leadership patterns; (3) communication networks; (4) goal directions (of the organisation); and (5) decision-making procedures.

In similar vein Litwin and Stringer (1968) and Meyer (1968) isolated five dimensions:-

- (1) responsibility; (2) standards (expectations of the quality of work); (3) reward; (4) organisational

clarity (orderliness); and (5) friendliness and team spirit.

These examples illustrate the range of dimensions which are claimed to be the strands of organisational climate and which have been the focus of a large number of empirical studies.

4) The Relationship with Leadership Studies

One dimension common to studies of climate is that of consideration, warmth and support (eg Kahn et al, 1964; Schneider and Bartlett, 1968). This factor overlaps considerably with an otherwise independent area of research concerned with leadership (see for example analyses by James and Jones, 1974; House and Rizzo, 1972; Campbell et al, 1970). The discussion digresses here to pursue this issue in greater detail since it is particularly relevant to the proposed study.

It is undeniably the case that certain aspects of organisational climate are difficult to distinguish from aspects of managerial style. A consideration of the latter concept inevitably leads into the leadership literature where, typically, investigators have focused on differences in managerial/supervisory/leadership styles across a range of work situations and have examined the relationship at a given point of time between a manager's style and the attitudes of his subordinates. As early as 1939 Lewin, Lippitt and White identified three styles of leadership on a priori grounds; laissez-faire, directive and participative.

Participative leaders were characterised as having frequent contact with subordinates and being strongly influenced by them. Directive leaders were in close contact with subordinates, exerted considerable influence over them but were not influenced by them, and laissez-faire leaders made little contact and minimal influence was exerted on or by subordinates.

A number of investigators used these categories to carry out empirical studies and found that those responsible to participative leaders expressed more favourable attitudes towards management than did those whose superiors were laissez-faire or directive. (Baumgartel, 1956; Weschler, Kahane and Tannenbaum, 1952; Miller, 1967.) Two of the best-known series of investigations began in the 1950's at the Universities of Michigan and Ohio State. In the Michigan studies two styles of supervision were identified. Employee-centred supervisors were said to "allow their employees to work out the details of when and how work will be handled. They do not feel the need ... to keep a close check on operations" (Katz, Maccoby and Morse, 1950, p35). On the other hand production-centred supervisors "check up on their employees more frequently" and "in general limit their freedom to do the work in their own way" (Kahn and Katz, 1953, p617). In a variety of work situations the authors noted a consistent tendency for those working under employee-oriented supervisors to be more satisfied with their work than their colleagues under production-oriented supervisors.

The aim of the Ohio research programme was to develop comprehensive measures of leadership behaviour in industry. Ten facets were isolated and subsequently reduced by factor analysis to two major dimensions called 'consideration' and 'structure'. These were defined as follows:-

"Consideration includes behaviour indicating mutual trust, respect, and a certain warmth and rapport between the supervisor and his group ... This dimension appears to emphasise a deeper concern for group members' needs and includes such behaviour as allowing subordinates more participation in decision-making and encouraging two-way communication.

Structure includes behaviour in which the supervisor organises and defines group activities and his relation to the group. Thus, he defines the role he expects each member to assume, assigns tasks, plans ahead, establishes ways for getting things done, and pushes for production. This dimension appears to emphasize overt attempts to achieve organisational goals."
(Fleishman and Harris, 1962, p43-44)

The authors found that these two dimensions were independent of each other and that a supervisor could score high on both dimensions, low on both, or high on one and low on the other. Of critical importance in determining leadership style was the 'leadership climate' supplied by the supervisor's own boss.

A recognition of the importance of the situation led Kerr et al (1974) to attempt to show how leadership effectiveness is contingent upon particular situational factors. From an analysis of previous research they suggested that three categories of variables are crucial; firstly subordinate considerations (expertise, level, experience, etc), secondly, superior considerations (the attitudes and behaviour of higher management), and thirdly, task consider-

ations (urgency, danger, autonomy, importance, etc). This emphasis on the link between situational factors and leadership reflects a similar concern to that of 'climate' researchers who have stressed the need to understand the context in which behaviour occurs (eg Schneider and Bartlett, 1970; Payne et al, 1976).

In line with the Ohio studies Blake and Mouton (1964) adopted the idea of the existence of two independent aspects of leadership, namely, 'concern for people' and 'concern for production' (or purpose). They argued that the best leader was one who rated high on both consideration and structure at the same time. Commensurate with this proposition they developed a training method, based on field research evaluation, for changing managerial style to increase organisation effectiveness. This method, utilising the concepts underlying their 'Managerial Grid', has been widely used in industry though the authors specifically claim that it is applicable in other contexts including educational institutions. The key feature of this approach, however, is the recognition that both consideration and structure exhibited by the leader are important determinants of employee satisfaction and performance.

Subsequent research into leadership has developed from these early areas and has incorporated a wider range of ideas. One example is Path-Goal theory (Evans, 1970; House, 1971) which proposes that a leader's effectiveness is determined by the manner in which he influences subordinates' goals and

paths to goal attainment.

Similarly Fiedler's (1967) contingency theory began with the proposition that a leader can be characterised by a specific personality attribute reflecting consistency of goals over different situations. Fiedler identified two main goal orientations of leaders, one reflecting a need to be successful in task performance and the other relating to good interpersonal relationships. He stated that the effects of these attributes were contingent upon three aspects of the situation, namely, the relationship between leader and followers, the leader's power position within the organisation and the structure of the group's task. He explicitly drew attention to situational factors, one of which was identified as environmental stress, and to the complexity of the relationship between leadership style and subordinate response. Perhaps the most important of Fiedler's contributions to knowledge was his finding that a close, positive interpersonal relationship is therapeutic in its effect.

Whatever development is examined, however, there appears in one form or another the dimension of 'consideration'. This is illustrated in Likert's (1967) work on human organisations where the importance of supportive relationships is given particular emphasis. Twenty years of research (both his own and that of other people) led him to expound the principle that:-

"The leadership ... must be such as to ensure a maximum probability that in all interactions and in all relationships within the organisation, each member, in the light

of his background, values, desires, and expectations, will view the experience as supportive and one which builds and maintains his sense of personal worth and importance." (p103)

In the application of this principle Likert stressed that the relationship between superior and subordinate is crucial.

Thus the climate literature points to the leadership literature and vice versa. Both recognise the leadership role, especially that concerned with consideration (warmth and support) and structure, as being causally implicated both in setting the general climate within which people work and as having an impact on their attitudes and behaviour.

5) Problems of Climate Research

We return now to the climate literature where over fifteen years of research has provided a number of lessons concerning the way in which this concept might be usefully deployed as a guide to empirical research. Four particular issues are salient here and will be considered in turn.

a) the size of the collectivity to which the concept refers

A major problem with climate research centres on the issue of whether the focus for analysis should be 'job' climate or 'organisation' climate. The latter refers to perceptions of the total organisation whereas 'job' climate is limited to a sub-unit of the whole.

James and Jones (1974), in describing a study of salaried personnel in a manufacturing plant indicated that:-

"(a) subjects had more finely differentiated perceptions of their job climate than of their total organisation's climate, (b) a significant portion of climate variance was due to sub-unit differences (rather than to individual differences in perceptions), and (c) climate perceptions were significantly, but not highly, related to measures of work group performance." (p1100-1101)

Similarly Payne and Mansfield (1973), using data from fourteen different work organisations concluded that:-

"... it may be shown that the concept of organisational climate is too gross to be useful in the prediction of the behavior of the social system it describes. That may be predicted by examining the perceived climate which directly impinges on the individual, such as that created by his role set. Some knowledge of the pattern of role set climates in an organisation may be much more useful than mean scores and variances for global climate scales." (p525-526)

Schneider and Hall (1972) in a study of parish priests chose to concentrate on a self-perceived work climate which focused on the job itself and, thus, was different from organisational climate. The authors stressed the greater appropriateness of work climate since the priests worked in small groups rather than large units. The results of the study suggested that climate measures which focused on an individual's immediate job yielded stronger correlations with satisfaction than did organisational climate measures.

In the related sphere of job satisfaction Schneider and Snyder (1975), made the following assertion:-

"Students of the satisfaction literature are well aware of the distinction which has evolved over the years between global job satisfaction and job facet satisfaction. The fact that a person can be satisfied in general with his job (ie global satisfaction) and yet be quite dissatisfied with certain facets of that same job is a well-established phenomenon." (p327)

They go on to say:-

"When speaking of a particular kind of climate, we are speaking in actuality of a climate for something; the nature of that something (...) is determined by the purposes of the particular criterion of the researcher."
(p327)

b) The salience of climate dimensions for the individuals concerned

Another dilemma concerns the degree of attention which researchers ought to give to the context in which behaviour occurs and to the fact that what is psychologically important to the individual will influence his perception of his work environment (Schneider and Bartlett, 1970).

In noting gaps in the literature, Payne et al (1976) suggested the following pointer for the future:-

"It would seem worthwhile, therefore, that future research concentrates on finding things about both jobs and organisations that are salient to the people being studied. One indication of this is that general measures of satisfaction and climate become less useful since that which is salient in one job or one organisation may be quite different from another."
(p59)

The authors pointed out that the issues concerning salience were well-established in the literature on job attitudes (eg Fishbein, 1967) a decade previously and it was surprising that climate research had paid so little attention to the attitude literature.

c) The need to distinguish between description and affect

This issue concerns the question as to whether climate measures should be descriptive or affective. Schneider and Snyder (1975) stated that:-

"..., climate perceptions are perceptions of organisational events and conditions that occur in the work setting ... Further, organisational climate perceptions are descriptive of conditions that exist in the work environment ...; the perceptions are not evaluative or affective ..."
(p319)

This view was affirmed by Payne, Fineman and Wall (1976) in a paper concerned with the confusion surrounding the meaning and measurement of the concepts of organisational climate and job satisfaction. They stated their belief that:-

"... job satisfaction concerns a person's affective response to his job, while organisational climate is derived from a person's description of what the organisation is like. In the case of climate, the respondent is in effect asked to ignore his personal feelings about the organisation and merely describe what goes on." (p46)

d) The question of consensus amongst individuals in describing climate

Various authors have considered the place of consensus in assigning reliability to descriptions of climate dimensions. For example Forehand and Gilmer (1964) stated that:-

"The definition of a climate dimension requires evidence that ... the dimension is perceived comparably by all those in the sub-unit."

Likewise Guion (1973) concluded that the accuracy of a perception should be validated against consensus of perceptions.

In similar vein Payne et al (1976) asserted that:-

"Conceptually, it makes sense to look for some consensus among a population if this is to reflect a characteristic of the environment ... The predictive validity of an organisational climate dimension may be demonstrable under conditions of, say, 55% and 65% consensus ..." (p49)

Mean scores are seen by many authors as inherently unreliable because of their tendency to mask variations in individual responses (eg Payne and Mansfield, 1973; James and Jones, 1974).

For these reasons consensus is seen as an important factor which has particular relevance for the present study.

Summary

In this section theories and evidence concerning organisational climate were considered under five headings:-

1) Definitions of Climate

Despite a lack of formal definitions some useful ones were reviewed, the most appropriate for present purposes being that of Forehand and Gilmer (1974).

2) Empirical Studies

Examples of various measures of climate were discussed including those relating to colleges, business enterprises and organisations in general.

3) Major Dimensions of Climate

Different authors were found to have identified a range of dimensions which were claimed to be the strands of organisational climate. All contributors to the literature included a dimension relating to leadership patterns and/or team

spirit and support.

4) The Relationship with Leadership Studies

The link between certain aspects of organisational climate and managerial style was discussed prior to a review of the leadership literature. Various aspects of leadership were identified and particular attention was focused on 'consideration' and 'structure' (or 'concern for people' and 'concern for production'). Emphasis was placed on supportive relationships - a notion which figures prominently in both the climate and the leadership literature.

5) Problems of Climate Research

Lessons learnt from previous research centred on four main issues:-

- a) the size of the collectivity to which the concept refers (ie 'job' or 'total organisation').
- b) the salience of climate dimensions for the individuals concerned.
- c) the need to distinguish between description and affect.
- d) the question of consensus amongst individuals in describing climate.

Conclusions

Through the perspective offered by the nursing literature there emerges a clear need for more factual information

concerning the student nurse on the ward and her relationship with the ward sister. The latter has been identified as a person of crucial importance for the student, especially in her role as creator of ward atmosphere, and yet little is known about the dimensions of her influence.

A lead is offered by Organisational Psychology in filling these perceived gaps in knowledge through the concept of organisational climate. This concept, the object of much research over the past fifteen years, offers a means of elucidating ward atmosphere and, as an explanatory tool, is well suited for the guidance of such research.

Hence the study which follows is an attempt to utilise both these sets of parameters - from nursing and from organisational psychology - to explore the ward situation with the purpose of determining, by empirical means, whether ward learning climate does exist as a measurable entity.

The following chapter describes the design of the study and this leads on to the presentation of the findings.

This chapter describes the rationale behind the empirical investigation undertaken, the instruments deployed and the respondents involved. More specifically, the choice of a questionnaire as opposed to other methods is considered and an account given of how the particular questionnaire was developed. The selection of the sample of respondents is discussed in some detail. Finally, reference is made to the question of access to personnel within the hospital organisation and how this served to guide the nature of the research undertaken.

The purpose of research design is to facilitate the emergence of clear answers to meaningful questions. In this study the general questions formulated were as follows:-

- a) What are the general attitudes related to nursing of the student nurse? How do these compare with the attitudes of ward sisters, tutors and clinical teachers?
- b) What happens on particular wards? Can a ward be said to have a 'learning climate' which differentiates it from other wards?
- c) How is student nurse satisfaction related to attitudes and to a particular ward experience?

The Choice of a Questionnaire

A variety of methods might be employed to obtain information relevant to the research questions formulated above. In this case it was decided to develop a questionnaire using a Likert-type response scale.*

The questionnaire was favoured over other methods of data collection partly because it makes the least demand on respondents' time. The pressures on all respondents, but particularly on ward sisters, made it imperative that the time requirements for gathering data be kept to a minimum. Only on this condition was the project a viable proposition.

Equally important was the belief that the questionnaire, combined with opportunities for free written comment, was capable of eliciting the required data. Given that there is a dearth of existing knowledge on the subject of ward-based learning, and that this is an exploratory study, it seemed appropriate to devise a questionnaire which would generate a broad perspective rather than to pursue a narrow, in-depth study. If ward learning climate is a reality the chosen response scale has the capability to demonstrate its existence.

*The full questionnaire is given in Appendix B

The Development of the Questionnaire

Once the decision had been made to use a questionnaire the next step was to construct items which would yield the necessary information. It was essential that the items should not be ambiguous or confusing to those responding to them.

During the course of early discussions the author had made detailed notes of the views expressed and the theories propounded. These notes, together with a reading of the literature, yielded an ample source of suitable items concerning nurses' views and experiences as they relate to satisfaction. In particular, extensive use was made of items from the ward sister questionnaire in 'Standards for Morale' (Revans 1964).

To meet the objectives of the study the questionnaire was divided into 3 sections, each one having a separately-defined purpose related to the three general questions outlined earlier in this chapter (P.36).

Section A was concerned with general attitudes to nursing and views about the ideal situation. More specifically it aimed to discover what were the beliefs and opinions espoused by respondents and how they differed among the various groups.

The items covered:-

a) organisational factors,

- b) relationships with doctors,
- c) education,
- d) relationships between nurses.

Typical examples were as follows:

- a) Clinical teachers should be able to spend more time teaching in the wards and less in the school.
- b) Student nurses should be invited to join in medical ward rounds.
- c) There should not be any differences between procedures taught in the school and those used on the wards.
- d) Nurses are not very good at communicating with each other.

Section B referred to a specific ward setting and was concerned with actual happenings such as patient allocation, task allocation and who was taught by whom.

This section was designed to provide data relevant to the measurement of 'ward learning climate' and examined the areas of:-

- a) doctor/nurse relationships,
- b) ward organisation and patient care,
- c) the teaching of student nurses,
- d) student nurse learning,
- e) personal relationships.

The following are examples of the items included:-

- a) Ward activity is regulated for the requirements of

the medical staff.

- b) Student nurses are sometimes kept busy just for the sake of appearing occupied.
- c) The ward sister has a teaching programme for student nurses on this ward.
- d) The ward sister regards the student nurse as a worker rather than as a learner.
- e) Conferences of ward staff to discuss personal or clinical problems are not a feature of this ward.

Section C sought to discover the level of student nurse satisfaction arising from a particular ward experience, and to assess more general attitudes towards nursing. Subsection (a) contained items aimed at discovering how student nurses felt about their experience on a particular ward. Subsection (b) was open-ended and asked, 'What did you like best about this ward?' and 'What did you like least about this ward?' Subsection (c) was concerned with student nurses' general attitudes and views about their nursing careers.

Examples:-

- a) This was a good ward for student nurse learning.
- (b) Open-ended questions).
- c) Student nurses are not encouraged to use their brains.

The original items were discussed with a number of senior personnel, both in the school and in the service sector,

and were also tested by a group of 20 nurses enrolled on a clinical teacher course. As a result of these processes certain minor alterations were made and the questionnaire emerged in its present form.

The Selection of Study Wards

The choice of wards from a large number of possibilities was made on the basis of wide use in the allocation of student nurses. An important factor here was that student nurses were randomly allocated to wards.

Initially 30 wards were chosen, spanning 3 hospitals and the following areas - medical, surgical, neurological, ENT and children's. In all but a few cases student nurse responses were elicited with respect to the ward (on the given list) which was the scene of their most recent placement. For a small minority it was the last but one (their most recent being absent from the study list). No student nurse was asked to comment on more than one ward.

Analysis of the results led to the elimination of 12 wards from the study for the following reasons:-

1 ward became a day ward.

9 wards were represented by fewer than 8 student nurses in the completed questionnaires.

2 wards were found to have had a change of ward sister during the seven months prior to the completion of questionnaires.

The latter circumstance would have resulted in a change of managerial style which, in turn, would have affected student nurse response. If a ward learning climate is to be identified the managerial input must be held constant.

The Selection of the Sample

From an early stage in the initial reading and discussion it became apparent that the key people involved in student nurse learning on the ward were a) the students themselves, b) ward sisters, c) tutors and (d) clinical teachers. It was therefore decided to concentrate on these 4 groups and to select respondents from amongst their number. It was felt that staff nurses and state enrolled nurses are also important in this context, but a limitation on the size of the study made it necessary to exclude them.

a) Student Nurses

Discussions with the Director of Nurse Education and Deputy Director of Nurse Education at the School of Nursing resulted in a decision to include all the student nurses currently enrolled at the school as potential respondents. Those who had transferred from other schools, or who were on courses other than the normal state registered nurse were excluded. All but five of the potential respondents were female, the five males being 1st year student nurses.*

* For the sake of clarity all student nurses and other grades of nurse will, hereafter, be referred to in the female gender.

Table 2.1 shows the total number of student nurses enrolled in each six-monthly intake to the school during the period February to May 1976 (when the questionnaires were administered), the number of potential respondents (excluding transfers etc) and the number completing the questionnaire.

b) Ward Sisters

Once the selection of wards had been made an obvious decision was to invite all ward sisters belonging to those wards to become respondents. Fifteen wards had two sisters each and the remaining fifteen had one each, adding up to a total of 45 ward sisters. Only 1 declined to participate.

c) Tutors and Clinical Teachers

Again, the choice of which members of the groups to invite was relatively automatic. All tutors involved in teaching the selected student nurses were invited to participate, together with all clinical teachers who regularly taught in the 30 study wards. This amounted to 13 tutors and 14 clinical teachers. The response was 100%.

The Three Sections of the Questionnaire

The varied purposes of the three sections of the questionnaire led to differential involvement by the separate groups of respondents.

Section A was concerned with general attitudes and set out to compare attitudes of student nurses both within the 3

Table 2.1

Summary of number of student nurses enrolled, date enrolled, potential respondents, actual respondents and those who declined.

Date of student nurse intake (and year of course)	No. of student nurses enrolled	No. of potential respondents*	Actual no. of respondents	No. Declined
February 1977 (1st Year)	63	57	56	1
August 1976 (1st Year)	66	60	60	0
February 1976 (1st Year)	63	52	52	0
August 1975 (2nd Year)	54	51	50	1
February 1975 (2nd Year)	55	49	46	3
August 1974 (3rd Year)	50	38	38	0
May 1974 (3rd Year)	29	23	23	0
	380	330	325	5

*Excluding transfers, student nurses on combined courses and those absent on the days when the questionnaires were administered.

years of training and with the other three nurse groups.

For this reason Section A was completed by all 4 groups of respondents.

Section B attempted to discover what happened on particular wards and therefore involved only those groups who had direct experience of the wards in question. It was considered necessary to ascertain whether independent sources yielded evidence of a common climate. (It was argued in the Introduction that ward learning climate is a property of the environment rather than the perception of an individual.) Therefore the responses of student nurses and clinical teachers were applicable to this section.

Section C related to student nurse satisfaction - the main dependent variable in this project. The student nurse is the most obvious (if not the only) person capable of such an assessment and therefore none of the other groups were involved.

Table 2.2 gives a summary of group involvement.

Access to Respondents

The selection of potential respondents and the process of gaining the latter's cooperation are not necessarily two stages of research which flow smoothly from one to the other. Quite apart from the question of individual inclination there exist organisational factors which can facilitate or impede an 'outsider' in attempts to gain access to

Table 2.2

Summary of Group Involvement in different sections of the
Questionnaire

Section	Student Nurse	Ward Sister	Clinical Teacher	Nurse Tutor
A (N=395)	(N=324)	(N=44)	(N=14)	(N=13)
B (N=319)	(N=265)	(N=40)	(N=14)	
C (N=265)	(N=265)			

personnel. Within a well-defined hierarchy, such as nursing, this is especially so.

A key factor in this research was the issue of whether the overall benefit to be derived from the results would justify any potential disturbance of relationships while the study was in progress. Although many nurse administrators were enthusiastic and cooperative, in principle, regarding the research, some expressed misgivings about the alleged unwillingness of ward sisters to allow their wards to be assessed by others, particularly student nurses. There was unanimous approval of the tangible benefits to be gained from the acquisition of factual knowledge in this area and yet substantial fears persisted in relation to the possible effect on hospital relationships. A second issue centred on whether staff had time for such 'extras' when they were already stretched to the limit. These misgivings, voiced by those involved in the school and in the service sector, invariably focused on the ward sister. When, in due course, contact was established with these ward sisters it became apparent that they did not share the anxieties expressed on their behalf.

It is neither unnatural nor surprising that apprehension should result from the presentation of ideas and methods during the preliminary negotiating process of setting up a research project. As one senior nurse administrator put it 'Your ways are so very different from ours.' But by their willingness to spend time communicating their thoughts

about student nurse learning in general, and their problems with this study in particular, these same people offered insights which greatly enhanced the author's understanding of their perspective on nursing. The discussions highlighted the significance of organisational constraints on behaviour and thus guided much of the author's subsequent thinking and interpretation.

Despite their anxieties senior nursing personnel did give permission for the research to proceed and made it possible for the author to contact the relevant groups of potential respondents.

A guarantee of anonymity was an important element in the granting of access, the author promising that no ward, hospital or individual would be identifiable in any report of the findings. Later, student nurses were particularly concerned about anonymity and asked for repeated reassurance before filling in the questionnaire. Several student nurses expressed the view that the author's status of 'non-nurse', and therefore independence of the hospital system, was a strong influence and gave them the necessary confidence to commit their views to paper.

A similar view was later expressed by ward sisters, though with somewhat less emphasis.

a) Access to Student Nurses

The process of contacting student nurses was facilitated by

the ready willingness of both the Director of Nurse Education and the responsible tutors to allow the author time with each intake of student nurses while the latter were in the School of Nursing. Several discussions had taken place with the Deputy Director during the initial stages, and both she and the Director had expressed their approval of the research and their willingness to provide assistance.

During the period from February - May 1977, 7 intakes, totalling some 335 student nurses, were addressed by the researcher on 7 separate occasions. The object of these meetings was to explain the purpose of the research and to seek cooperation.

Subject to the agreement of student nurses, Section A of the questionnaire was administered during the first meeting with each group. The author returned with Sections B and C about a week later. Both she and the tutors had emphasised the complete freedom of student nurses to decide for themselves whether or not to complete the questionnaire. (In fact only 5 declined.)

b) Access to Tutors and Clinical Teachers

In the same way as for student nurses, the initial approach to tutors and clinical teachers was made via the Director at the School of Nursing. The full complement of 13 tutors (spanning various grades) was included among potential respondents, and also the 14 clinical teachers who covered the 30 study wards.

The author was asked to attend one of the regular staff meetings to explain the research, and an invitation was then extended for her to return with the questionnaires at a later date.

Despite the expressed misgivings concerning the feasibility of the project and the possible reactions of ward sisters, the clinical teachers and tutors were in favour of the project and agreed to cooperate. Those who were absent from the meeting at which questionnaires were administered were later contacted personally and asked to complete the questionnaire and return it by post. (All 27 participated.)

c) Access to Ward Sisters

The achievement of access to ward sisters involved approaches via several tiers of nurse administrator. The problems that had to be overcome and the lessons learnt have been described earlier in this chapter.

Over a period of several months the author attended many meetings varying in size from two to twenty people. The outcome of this consultation was a series of invitations to meet the ward sisters themselves. These meetings varied from small gatherings of 5 - 10, usually chaired by a Unit Nursing Officer, to larger groups of as many as 30, being the regular meetings of all ward sisters in a hospital. On each occasion the author was invited to explain the purpose of the research and to seek cooperation. Although it was explained to the ward sisters that only those of their

number from the 30 selected wards would be asked to fill in questionnaires (a total of 45) many from other wards chose to stay and hear the explanation and to voice their opinions about the project. Each group expressed the view, often with considerable enthusiasm, that an increase in factual knowledge about learning on the ward was urgently needed and that this research could, and should, have a direct practical application to their teaching role.

Without exception the groups invited the author to return with the questionnaires. Individual ward sisters who were absent from the group sessions when questionnaires were administered were approached personally and asked if they would complete the questionnaire and return it by post. (Only 1 ward sister declined to cooperate.)

The obvious willingness of ward sisters to help was particularly encouraging in view of the earlier suggestion that they might feel threatened by the exposure of their wards to scrutiny. Clearly they did not perceive the questionnaire in this light and were eager and willing for the investigation to take place. Furthermore, the only reservations expressed by ward sisters centred on the question of whether their superiors, at various levels of administration, would approve of the research. For themselves the ward sisters (apparently) could foresee no problems.

This chapter has described the rationale behind the investigation and has accounted for the choice of a questionnaire and the selection of items and respondents. The issues of access have also been discussed.

The scene is now set for the presentation of the findings, and Chapter 4, which follows, is concerned with ward learning climates.

In this chapter the evidence from Section B of the questionnaire will be reviewed in pursuance of the aim of establishing whether ward learning climate exists as a reality for student nurses.

The notion of ward learning climate is central to this thesis. As the literature survey showed (Chapter 2) the concept of climate has been utilised in several areas of social science and in its more specific reference to hospital wards it is used to 'explain' student nurse satisfaction and attitudes. In the hospital context, however, the concept has not been systematically explored. The purpose of this thesis is to make a contribution towards bridging this gap between perceived knowledge and demonstrable reality; hence ward learning climate is being explored as a possible determinant of student nurse satisfaction and attitudes.

The first step in such a study, and the focus of this chapter, is to determine whether ward learning climate can be identified and, if so, of what elements it is composed. In order to describe how this task was approached in the present study it is necessary to consider some of the points raised earlier in relation to the concept of climate and its operationalisation in a research context.

As discussed earlier, climate refers to a property of an organisation and is distinct from an individual difference variable. From a research perspective this means that a climate, and in this case, a ward learning climate, may only be said to exist where two characteristics are evident in the measures which are utilised:- first, where there is consensus amongst independent subjects describing the characteristics of a particular ward, and second, where the chosen measures effectively discriminate amongst different wards. To draw on analogy it is necessary that the separate witnesses agree on the facts or else the case for the existence of climate remains not proven. It is also necessary that different wards show differences in climate otherwise the concept can be of little explanatory value with respect to the chosen dependent variables.

The issue of consensus is emphasised here because it is one that has been dealt with poorly in previous research. As Payne, Fineman and Wall (1976) note, much empirical work has used individual perceptions of work environments as the unit of analysis and related these to individual attitudes and satisfactions. This raises problems of interpretation, in particular of how to deal with the possibility that different individuals perceive the same social reality in different ways and thus that any association with their attitudes may merely reflect personal biases in perception. Moreover, the majority of these studies are simply correlational and consequently any

association between perceived work environments and work attitudes could be interpreted as the latter being the determinant of the former - ie that more satisfied individuals describe their environments differently from the less satisfied.

The use of the notion of consensus, in conjunction with the fact of random allocation of students across different 'climates', precludes much criticism and clearly places the concept of climate in its proper context. However, the specific criteria for determining the presence or absence of consensus are not easy to define.

The use of self-report measures inevitably involves error and the measures will therefore exhibit some variation in scores attributable solely to this. To set a high criterion of 100% or thereabouts would be to exclude the concept from the realm of possible research. Considerations such as these led Payne et al (1976) to recommend using a criterion of 55% or 65% agreement as indicative of consensus, though they qualified this suggestion by pointing out that the level selected may be as much an empirical as a conceptual question. Because of the exploratory nature of this study and the lack of available information with respect to a specific criterion of consensus to be used the 55% index is adopted as a guideline. It will be seen, however, that with many of the measures much higher levels of consensus occur.

In summary, the identification of ward learning climate was

guided by the considerations described above, namely the selection of measures which resulted in reasonable consensus amongst individuals describing particular wards, and clear differentiation in the portrayal of wards. Items or wards which failed to meet these criteria were excluded.

The Identification of Ward Learning Climate

The Development of Scales. The lack of previous research in this area meant that proven measures of the variables which were theoretically relevant were not available. For this reason the questionnaire was comprised of a large number of items each of which was thought relevant for the purpose of the investigation - that is they were known to tap important aspects of ward environment and related attitudes and were likely to discriminate across wards. The original intention was to simplify the task by identifying groups of items which scaled effectively and thus to focus on a small number of underlying dimensions by which ward climate might be identified. To this end, product-moment correlational analysis and factor analysis were carried out on the data. These revealed two short scales which have been labelled B1. Ward Sister Recognition of Student Nurse Needs and B2. Ward Sister's Commitment to Teaching. However, whilst the scales were capable of measuring adequately for research purposes, neither was particularly strong.* Moreover, they excluded individual

* For B1, correlation coefficients - minimum .3 with a range up to .5. Crombach's coefficient alpha = 0.70

For B2, correlation coefficients - minimum .4 with a range up to .6. Crombach's coefficient alpha = 0.73.

items which were conceptually important and which revealed appropriate characteristics for identification of ward learning climate. Thus whilst the empirically derived scales will be introduced as summary measures, attention will also focus on individual items since these provide additional accounts of the characteristics which distinguish between the learning climates of different wards.

Items Exhibiting the Required Characteristics

A good indication of the subsequent findings from analysis of items was furnished by two open-ended questions which asked student nurses:-

"What did you like least about this ward?"

"What did you like best about this ward?"

The resulting comments yielded a series of vivid word pictures portraying very different ward profiles. Six particular wards were identified by the uniformity of descriptions, three being located at one end of a hypothesised dimension and three at the other. Between these two extremes were fifteen other wards which were described in intermediate terms. However, there was a much lower level of agreement amongst the independent reports for these latter wards and this variability suggested that no identifiable climate existed. This pattern was confirmed by data

*Of the original 30 wards it had been expected that some would prove non-viable due to the resignation of a ward sister or the allocation of too few students during the period of the investigation. These reasons accounted for the loss of 12 wards.

from the items. The two groups of three extreme wards were used as the focus for analysis since only they met the criteria of discrimination and consensus. For descriptive purposes one extreme group has been labelled 'high student orientation' (HSO) and the opposite extreme 'low student orientation' (LSO). These labels are indicative of the ward sister's attitudes and behaviour in relation to the student nurses passing through her ward.

Data on intermediate wards* was included with the purpose of providing additional information despite the less valid statistical basis of such data.

Scale B1. The Ward Sister's Recognition of Student Nurse Needs

This 4-item scale, shown in Table 4.1, illustrates the percentage of student nurses who strongly agreed/agreed and who disagreed/strongly disagreed with the individual items by type of ward (HSO and LSO). Scale B1 comprised the following items:

- 55) All staff on the ward, from the ward sister to the newest recruit, feel part of a ward team.
- 81) The ward sister attaches great importance to the learning needs of student nurses.
- 89) The ward sister regards the student nurse as a worker rather than a learner.

*Because of the lesser importance attaching to intermediate wards their number was reduced to 7. 2 wards were found to tend towards high student orientation (group 2) and 2 towards low student orientation (group 4). Of the remainder, 3 were selected at random to represent 'in-between' wards (group 3).

Table 4.1 Scale B1. The Ward Sister's Recognition of Student Nurse Needs
Percentage of Student Nurse Responses by type of Ward - High Student
Orientation (HSO) and Low Student Orientation (LSO).

Item	HSO Wards SA/A (1) D/SD (2) (N=38)	LSO Wards SA/A D/SD (N=27)	χ^2 df=1
55) All staff on the ward, from the ward sister to the newest recruit, feel part of a ward team.	89.5% 10.5%	30% 66%	24.24 P<0.001
81) The ward sister attaches great importance to the learning needs of student nurses.	84% 4%	30% 59%	28.53 P<0.001
89) The ward sister regards the student nurse as a worker rather than as a learner.	16% 82%	65% 21%	21.68 P<0.001
91) The ward sister is not concerned about what a student nurse is thinking or feeling as long as she is getting on with her work.	5% 89.5%	63% 36%	26.12 P<0.001
Scale B1 Total mean scores (3)	$\bar{X}=16.46$ SD=2.44	$\bar{X}=10.04$ SD=3.63	T=8.46 df=63 P<0.001

(1) SA = strongly agree

A = agree

(Undecided responses have been omitted from this table)

(2) D = disagree

SD = strongly disagree

(3) See Appendix C for scoring procedure for items

91) The ward sister is not concerned about what a student nurse is thinking or feeling as long as she is getting on with her work.

The outstanding feature to emerge from these results is the very high level of agreement (on adjacent categories* of response) by student nurses on high student orientation wards amongst whom consensus varied from 82% to 89.5%. For students on low student orientation wards the amount of agreement was somewhat lower, varying from 59% to 66% consensus. The difference between the two groups is statistically significant for each item at $P < 0.001$.

The stark contrast presented by individual items is further elaborated by a comparison of total mean scores on Scale B1 (included in Table 4.1). The mean score for high student orientation wards (16.46) is 60% higher than for low student orientation wards (10.04).

For descriptive purposes the mean scores of the intermediate wards are also presented. Table 4.2 compares the mean scores of the 5 ward groups demonstrating that discrimination between wards is less evident amongst the 3 intermediate groups even though group 2 tends towards high student orientation and group 4 towards low student orientation. The level of consensus was also generally lower than for the extreme groups.

*That is, strongly agree/agree or disagree/strongly disagree. The undecided category is not included.

Table 4.2 Scale B1. The Ward sister's Recognition of Student nurse Needs
Mean Scores and Standard Deviations for the 5 Ward Groups

		Ward Group					T Value df=63	2-tail prob: (3)
		<u>1(HSO)</u> (1) N= 38	<u>2</u> N=24	<u>3</u> N=40	<u>4</u> N=20	<u>5(LSO)</u> (2) N=27		
B1 (4 items)	Mean	16.46	14.87	13.12	12.90	10.04	8.46	P<0.001
	SD	2.44	3.72	2.80	3.33	3.63		

(1) HSO = High student orientation

(2) LSO = Low student orientation

(3) Comparing mean scores of HSO and LSO only

Scale B2. The Ward Sister's Teaching Commitment

Table 4.3 illustrates the percentage of student nurses who strongly agreed/agreed and who disagreed/strongly disagreed on Scale B2.

The 3 items comprising the scale are as follows:

- 68) The ward sister devotes a lot of her time to teaching student nurses.
- 69) The ward sister has a teaching programme for students on this ward.
- 85) Ward report is used as an occasion for teaching student nurses.

Again, the striking feature of these results is the very high level of agreement by student nurses within each group. On high student orientation wards consensus ranges from 68% to 89.5% and on low student orientation wards from 81% to 100%. The difference between the two groups is statistically significant for each item at $P < 0.001$. Unlike Scale B1 the higher level of agreement obtains on low student orientation wards.

Computation of total mean scores on Scale B2 (shown in Table 4.3) yielded a figure of 12.25 for high student orientation wards which was two and a half times the score for low student orientation wards (5.44).

The differences in mean scores across the 5 ward groups are demonstrated in Table 4.4. Not only is there very little variation between the scores of the 3 intermediate groups

Table 4.3 Scale B2. The Ward Sister's Commitment to Teaching
Percentage of Student Nurse Responses by type of Ward - High Student
Orientation (HSO) and Low Student Orientation (LSO)

Item	HSO Wards (N=38) SA/A (1) D/SD (2)	LSO Wards (N=27) SA/A D/SD	χ^2 df=1
68) The ward sister devotes a lot of her time to teaching student nurses.	79% 18%	0 100%	46.29 P<0.001
69) The ward sister has a teaching programme for students on this ward.	68% 26%	19% 81%	22.17 P<0.001
85) Ward report is used as an occasion for teaching student nurses.	89.5% 8%	12% 85%	44.00 P<0.001
Scale B2 Total Mean scores (3)	$\bar{X}=12.25$ SD=2.48	$\bar{X}=5.44$ SD=1.69	T=12.48 df=63 P<0.001

- (1) SA = strongly agree
A = agree
(Undecided responses have been omitted from this table)
- (2) D = disagree
SD = strongly disagree
- (3) See Appendix C for scoring procedure for items

Table 4.4 Scale B2. The Ward sister's Commitment to Teaching
Mean Scores and Standard Deviations for the 5 Ward Groups

		Ward Group					T Value df=63	2-tail prob: (3)
		<u>1</u> (HSO) (1) N=38	<u>2</u> N=24	<u>3</u> N=40	<u>4</u> N=20	<u>5</u> (LSO) (2) N=27		
B2 (3 items)	Mean	12.25	7.92	7.07	6.85	5.44	12.48	P<0.001
	SD	2.48	3.30	3.39	2.18	1.69		

- (1) HSO = High student orientation
(2) LSO = Low student orientation
(3) Comparing means of HSO and LSO only

(7.92, 7.07 and 6.85) but also the level of consensus is again lower than for the extreme groups.

These two scales just discussed both focus on activities of the ward sister - her recognition of student nurse needs and her commitment to teaching. Corroboration for the central importance of the ward sister's role in relation to ward learning climate is provided by factor analysis. Two factors were found to account for 24% of all the variance on the ward learning climate data (ie Section B items) and these exactly matched the two scales considered above. The combination of correlational analysis and factor analysis thus provide firm statistical evidence that the ward sister's consideration for student needs and her commitment to teaching are core elements in ward learning climate.

Additional Items which Differentiated amongst Wards

In addition to the 7 items comprising Scales B1 and B2 a further 20 items differentiated between high student orientation and low student orientation wards at a statistically significant level. The findings in relation to these items are entirely consistent with the characteristics of the two groups of wards as revealed by student comments and analysis of scale data. 7 items also met the criterion of 55% or more consensus (on adjacent categories of response) and these are shown in Table 4.5. The results leave no room for doubt concerning the high student orientation ward sister's attention to the learning needs of students in her charge. Not only did she consult them regarding changes in routine

Table 4.5 Additional Items which Differentiated amongst Wards, Minimum Consensus of 55%
High Student Orientation (HSO) and Low Student Orientation (LSO)

Item	HSO Wards		LSO Wards		χ^2 df=1
	SA/A	D/SD	SA/A	D/SD	
59) In planning the ward duty rota allowance is made for student nurses to gain the widest possible experience.	66%	29%	19%	77%	15.15 $P<0.001$
62) The ward sister usually consults her staff before making decisions regarding the running of the ward.	61%	39%	33%	67%	4.56 $P<0.05$
67) Student nurses are sometimes kept busy just for the sake of appearing occupied.	40%	55%	78%	22%	8.16 $P<0.005$
84) Procedures used on this ward are sometimes different from those taught in the school.	32%	63%	74%	26%	10.15 $P<0.005$
90) The ward sister does not usually explain to subordinates instructions coming from a higher level.	24%	71%	78%	22%	14.45 $P<0.001$
94) Conferences of ward staff to discuss personal or clinical problems are not a feature of this ward.	39%	53% (1)	89%	11%	14.00 $P<0.001$
96) If a student nurse is in any difficulty she goes to the ward sister to discuss the problem.	76%	21%	30%	65%	14.27 $P<0.001$

(1) Although this percentage is slightly lower than the accepted 55%, this item is included on account of its descriptive content.

and explain instructions from higher authority but she also conferred with them and planned the duty rota to give them wide experience. Students appreciated these positive ward sister attitudes and perceived them in terms of lack of discrepancy between ward and school procedures. They did not feel they were kept busy merely for the sake of appearance, and approached the ward sister herself if they wished for guidance on personal problems.

In complete contrast every one of these features of ward life was experienced negatively by student nurses on low student orientation wards.

A further group of items, shown in Table 4.6, differentiated amongst wards on the basis of the contrast in percentage of extreme responses, that is, the 'strongly agree' and 'strongly disagree' categories. Again the differences between high student orientation and low student orientation wards were in line with the characteristics already established.

Roughly one third of 'high student orientation' students strongly disagreed that they were sometimes regarded as a nuisance on the ward compared with half that proportion of 'low student orientation' students. 30% of 'low student orientation' students strongly agreed that they learnt most from other students as opposed to 3% of 'high student orientation' students. However, 18% of the latter strongly agreed that they learnt most from the ward sister whereas none of the 'low student orientation' students held this view (and, in fact, 30% strongly disagreed).

Table 4.6 Additional Items which Differentiated amongst Wards
Differences between SA and SD Responses

Item	HSO (1) Wards		LSO (2) Wards		χ^2 df=1
	SA	SD	SA	SD	
64) Student nurses are sometimes regarded as a nuisance when the ward is busy.	0	34%	15%	15%	5.32 $P < 0.025$
73) Student nurses learn more from other students on the ward than from the ward sister.	3%	13%	30%	0	9.00 $P < 0.005$
74) Student nurses learn more from the ward sister than from anyone else on the ward.	18%	8%	0	30%	9.47 $P < 0.005$

(1) HSO = High Student Orientation

(2) LSO = Low Student Orientation

The results for intermediate wards on these two sets of items do not shed further light on the findings. Although there is a tendency for group 2 to concur with high student orientation wards (group 1) and likewise group 4 with low student orientation wards (group 5) this is not invariably so. Even where there is concurrence the levels of consensus tend to be lower than for the extreme groups.

The willingness of students to use an extreme response may be regarded as a test of the strength of their beliefs or observations and may be a useful measure of differences between wards. Each of the items in the following group, displayed in Table 4.7, exhibits a high level of 'strongly agree' responses on high student orientation wards compared to all other responses from both groups. The proportions varied from 26% to 50%. Again the items relate to the ward sister's recognition of student nurse needs and her positive teaching role. One additional item in this group concerns the practice of patient versus task allocation. Students on high student orientation wards were much more certain that patient allocation was practised on their wards despite the reports of all ward sisters that patient allocation was the norm. This level of strong agreement may have reflected the greater concern shown by sisters on high student orientation wards for all their charges including patients themselves.

In this context it is noteworthy that each of the 3 intermediate groups produced high proportions of respondents who strongly agreed that patient allocation was practised (25% to

Table 4.7. Additional Items which Differentiated amongst Wards
Differences between 'Strongly Agree' and all other Responses

Item	(1) HSO Wards		(2) LSO Wards		χ^2 df=1
	SA	All other responses	SA	All other responses	
60) Patient allocation, rather than task allocation, is the practice on this ward.	50%	50%	15%	85%	8.55 $P < 0.005$
61) When a student nurse arrives on this ward for the first time the ward sister knows what stage of training, she has reached.	32%	68%	4%	96%	7.64 $P < 0.01$
82) Student nurses learn a lot by observing how the ward sister carries out her role.	26%	74%	4%	96%	5.69 $P < 0.02$
83) Learning aids, such as Books/Articles are available to student nurses on this ward.	40%	60%	0%	100%	13.98 $P < 0.001$
86) Student nurses are not expected to obey ward sister's instructions without ever asking questions.	37%	63%	11%	89%	5.43 $P < 0.02$

(1) HSO = high student orientation (2) LSO = low student orientation

42%). Predictably, group 2 furnished the highest percentage. On the other 4 items in this set the pattern again emerged whereby group 2 tended towards 'high student orientation' though with lower levels of strong agreement. The sole exception is for item 61 (the ward sister knows the stage of training of each new arrival) where the 'strongly agree' responses from group 2 comprised 42% of the total as opposed to 32% for high student orientation wards.

One last item, 77, concerned the ward sister's confidence in her own ability to teach and resulted in 68% of 'high student orientation' students strongly disagreeing that their ward sisters' lacked such confidence. The equivalent proportion on low student orientation wards was 7%. Group 2 again tended towards high student orientation with 25% strong disagreement.

From an early stage in the research process the author had been led to expect the emergence of distinct differences between wards in line with the descriptions emanating from the interviews and the literature. However, the nature and clarity of the divergence was more pronounced than had been anticipated. Scales B1 and B2, together with the data described earlier in this chapter, illustrate the contrasting characteristics of the two extreme types of ward.

Characteristics of High Student Orientation Wards

The broad features relating to ward learning climate manifested themselves to students in a variety of ways which

were clearly important for individuals. Many freely-offered comments bore witness to the sense of well-being engendered by a high student orientation type of environment:-

"All staff treated student nurses with kindness and understanding and showed willingness to teach us."

"We were free to ask questions and to admit we didn't know things without feeling stupid."

"Everyone got on well."

The role conflict potentially inherent in the learner/worker dichotomy was not realised for students on high student orientation wards. The ward sister regarded them as learners rather than workers and attached great importance to their learning needs. These are some typical comments made by students:

"Each student nurse was treated as an individual with individual needs."

"The teaching was excellent."

"Qualified staff did not expect too much of student nurses and only allowed them to do procedures if they felt confident."

Patient allocation, rather than task allocation, was practised in these wards and perhaps reflected the importance assigned to patient needs. This consideration for patients may well have formed part of the ward sister's general concern for the welfare of all her subordinates. Students remarked that:-

"The day's work revolved around the patient, not the other way round."

"Each patient had individual total care however long it took."

Every nurse was made to feel important."

Given the emphasis that the literature places on team work it is not surprising to discover that these ward sisters incorporated all their staff into a team and attached great importance to cohesion and high morale:-

"On this ward you were really made to feel part of a team and student nurses were treated the same as qualified staff."

"Every nurse was made to feel an important member of a team."

The ward sister's awareness of the emotional needs of student nurses and her successful attempts to satisfy them were very apparent in the students' descriptions. The ward sister was claimed to be concerned about students' thoughts and feelings and did not expect her instructions to be obeyed without question. She habitually explained to subordinates instructions coming from a higher level and was often the person a student chose to consult about a problem.

Student nurses were never made to feel a nuisance even when the ward was busy. Of the many comments illustrating these aspects of the ward sister's style the following represent a typical selection:-

"Staff communications were extremely good. The ward sister came and told us personally if any changes were to be made."

"She would always spare time to listen to problems."

Many descriptions exemplified the importance that the ward sister attached to the learning needs of student nurses and her actual commitment to teaching. Not only did she have a

teaching programme, including learning aids, but also she planned the duty rota to give students wide experience and made a point of knowing the stage of training of new arrivals. She was confident of her ability to teach and devoted a considerable amount of her own time to this activity. Every opportunity for student learning was utilised including ward report time.

This comprehensive portrait of the high student orientation type of ward is given substance in the following quotations:-

"The ward sister filled in every possible opportunity for teaching."

"The ward sister was never too busy to show you a procedure."

"Almost every day we had a teach-in where we discussed many medical conditions with the ward sister. Even the most junior nurse had to read up and talk about the various conditions."

"The ward sister was willing to answer questions however simple and gave plenty of time in report to ask questions."

"There were good opportunities for learning with organised teaching and also teaching at report time."

"Any problems could be taken to the ward sister."

The overall picture presented by the comments and the data was of a happy, purposeful environment guided and regulated by a confident, considerate ward sister who led her staff and students within a team. She was concerned for the well-being and development of each one of her charges, including patients, and was willing to spend a considerable amount of her time on teaching activities. Every opening was utilised to create and maximise learning opportunities.

Perhaps the clearest summary of a high student orientation ward is given by a first year student nurse who, in response to the question, "What did you like least about this ward?" responded:

"Having to leave!"

Characteristics of Low Student Orientation Wards

In contrast to high student orientation wards the typical low student orientation ward presented to the student nurse an image of herself as worker rather than learner, and she saw little regard given to her learning needs. The ward sister attached very low priority to teaching students and was not seen to have a teaching programme. Students commented in these terms:-

"There was a ridiculous hierarchy on the ward brought about by the attitude of one particular sister. To her you were a pair of hands to do all the dirty work while she paraded around after the doctors."

"The ward sister was cold, unapproachable and unhelpful, and made no effort to 'lower' herself even to speak to a student nurse."

"The ward sisters never taught anyone."

"The attitude there was that you learnt as you went along and found out for yourself."

Ward report, which featured so prominently in the favourable comments from high student orientation wards, was not used as a learning opportunity, nor was the duty rota planned to give students the widest possible experience. In fact the vast majority of students (96%) believed that they learnt more from other students than from qualified staff. These

are typical observations:-

"Teaching was done by other student nurses."

"There was a lack of opportunity to broaden the scope of surgical experience and this was mainly due to 1st year student nurses being left to work with each other."

"I would have appreciated the patients' illnesses more if they had been explained to me by the ward sister or staff nurse."

In the same way that commitment to teaching was found to coexist with consideration for subordinates on high student orientation wards, lack of commitment to teaching coexisted with (apparent) lack of concern for the well-being of subordinates on low student orientation wards. Students reported that the ward sister did not foster a team spirit and was not interested in what they were thinking or feeling as long as they were getting on with their work. Many freely-offered remarks reflected the sense of loss that this lack of interest engendered:-

"The experience on this ward showed me how not to treat subordinates."

"Staff were not interested in whether we knew what we were doing or not."

"The atmosphere was not very relaxed which made you worry about asking questions."

"Hardly any of the qualified staff showed a personal interest in me."

"The ward sister did not respect us at all and gave us 10 jobs to do at once."

"Often the patients were not considered - the rules and procedures were too rigid."

"No praise or encouragement was given."

In the light of these comments it is not surprising that student nurses did not take their problems to the ward sister for discussion. She, in turn, did not consider it appropriate to discuss with subordinates instructions coming from a higher level.

The overall picture presented by low student orientation wards was one of discord resulting from an unfriendly and uncaring environment. Student nurses felt neither wanted nor valued and resented the lack of teaching which they felt reduced the individual student nurse to 'just another pair of hands'.

In comparison with high student orientation wards the overwhelming impression is one of wasted opportunities with resulting losses in human happiness and well-being.

Ward sister Attitudes and Priorities

The case for the existence of differing ward learning climates is further strengthened by two separate series of self reports by ward sisters. Firstly, they responded to a sequence of items aimed at finding out about their general attitudes to nursing and views about the ideal situation. Secondly, they were asked two questions concerning their allocation of priorities in the real situation and under ideal circumstances. In their replies the ward sisters revealed differences which were, to a remarkable extent, consistent with the differences already described by student nurses.

Through their accounts of ward sister practices on individual wards students portrayed clear images of the two extreme types of ward - high student orientation and low student orientation. Independently, ward sisters revealed their own attitudes and beliefs through their responses to Section A of the questionnaire. Perhaps ward sisters could not be expected to show a wide range of attitudes owing to the fact that many of the items may have included an implied 'desirable' response, eg :-

- 39) Ward sisters should know what each student thinks and feels about her work.

All sisters are likely to respond by agreeing with such a statement whether this belief is held strongly, weakly or hardly at all. Where differences between high student orientation and low student orientation sisters do occur they are likely to concern the strength of agreement (or disagreement) rather than to cross the agree/disagree boundary. This situation was found to occur with six of the seven attitude items where the difference between the two types of ward was statistically significant (minimum $P < 0.05$). The single, non-conforming item displayed a difference between disagree/strongly disagree and all other responses. Table 4.8 shows the items grouped into two categories - a) the ward sister's recognition of student learning needs, and b) the ward sister's confidence in her role. In addition there are two individual items concerned with authoritarianism and the use of formal titles. The first group, containing

Table 4.8 Ward Sister Attitudes and Beliefs

Differences between high student orientation and low student orientation wards

	HSO(1) Wards		LSO(2) Wards	Fisher test (3)
	(No. of ward sisters = 4)	(No. of ward sisters = 6)		
a) Ward sister's recognition of student learning needs				
10) It would be a good thing if tutors could visit the wards more often.	SA (4)	1		P<0.025
	other	5		
24) Ward sisters can devote time to teaching students only at the expense of more important demands.	D/(5) SD	0		
	other	6		P<0.05
43) Student nurses are not sufficiently knowledgeable to make suggestions about the running of a ward	SD	0		P<0.05
	other	6		
b) The Ward sister's confidence in her role				
38) A ward sister who requires a high standard of work from her staff usually makes herself disliked by them.	SD	0		P<0.05
	other	6		
40) There are times when the ward sister should be prepared to admit that a mistake on her part has created misunderstanding.	SA	0		P<0.05
	other	6		
c) Authoritarianism				
5) A ward sister should take the view that her immediate superior is always right.	SD	1		P<0.025
	other	5		
d) Use of formal titles				
41) It is not necessary for ward staff to use formal titles when working together.	SD	0		P<0.05
	other	6		

(1) HSO = high student orientation. (2) LSO = low student orientation. (3) Fisher's Exact Probability Test. (4) SA = strongly agree. (5) D/SD = disagree/strongly disagree.

three items, confirmed the difference between the two extreme types of ward as described by student nurses. Corroborating evidence was supplied by ward sisters, themselves, that on high student orientation wards greater concern was shown for the learning needs of students. Sisters on these wards were far more likely to give an extreme response as opposed to any other response. Concerning the issue of whether 'teaching can be carried out only at the expense of more important demands' the majority of high student orientation sisters disagreed/strongly disagreed in contrast to low student orientation sisters none of whom responded in that way. High student orientation sisters were more keen for tutors to visit the wards and for students to make suggestions about the running of the ward.

'The ward sister's confidence in her role' is the theme of two items linked in the second group which illustrated the greater assurance of high student orientation sisters. The latter were more certain that demands for high standards did not necessarily breed unpopularity and they were more prepared to admit to making mistakes. In addition they were unanimous in strongly disagreeing that they should take the view that their immediate superior is always right, thus indicating a less authoritarian attitude than their low student orientation counterparts.

The last significant item, concerning the use of formal titles, fits less neatly into the established pattern of

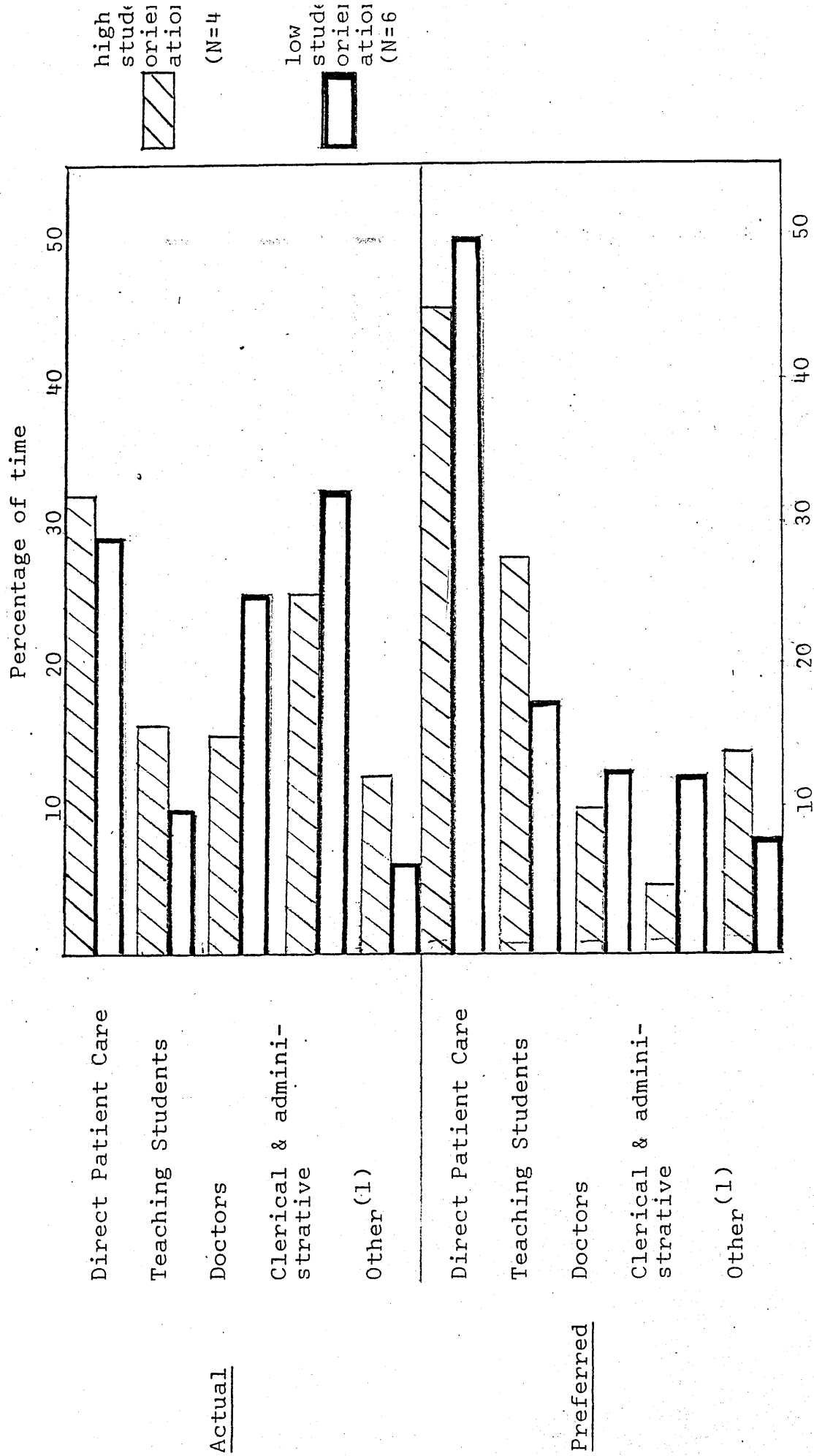
ward differences. High student orientation ward sisters were more strongly in favour of the use of formal titles by nursing staff. This finding is somewhat unexpected but the explanation may lie in the high student orientation sister's possibly greater inclination to provide a structured environment in which the needs of all subordinates can be met. Too much informality may be viewed as a threat to the planned orderliness of ward activity.

Thus all the attitude items just described lend added weight to the volume of evidence concerning the divergence of ward sister behaviour amongst the two extreme types of ward.

b) Allocation of Priorities

In the second of their self reports ward sisters were asked two questions which required them to allocate priorities in both the real and the ideal situation. The ward sisters were each assigned 100 units of time to be divided between various functions. They were asked: 'How many units do you actually give?' and 'How many units would you like to be able to give?' Five areas of activity were listed: 1) Direct Patient Care, 2) Teaching student nurses, 3) Doctors, 4) Clerical and administrative duties, 5) Other (to be specified). Analysis of the results, comparing high student orientation and low student orientation wards, is presented in Table 4.9. This table indicates that there were some slight differences between high student orientation and low student orientation wards regarding the actual amount of time the ward sisters devoted to direct patient care and

Table 4.9 Ward Sister's Allocation of Priorities. Own Reports (actual and preferred)



(1) 'Other' included 'talking to patients and their relatives', liaison with other departments and the community.

(2) See Appendix D for discussion regarding the number of sisters on different wards.

to clerical and administrative duties, though these were not as great as the differences in time assigned to doctors and to teaching student nurses. High student orientation sisters reported spending 16% of their time teaching student nurses as opposed to 10.8% by low student orientation ward sisters. High student orientation ward sisters gave 15% of their time to doctors, compared with 25% for low student orientation ward sisters.

Whether or not ward sisters accurately reported the amount of time they spent on the various categories of work is a matter for debate. Certainly the amount of time claimed to be assigned to teaching students is much greater than other studies would lead one to expect (eg Revans 1964, Lelean 1973). However, the accuracy of reporting is of less significance than the declared discrepancy between the two types of ward. The importance lies in the fact that sisters on high student orientation wards admitted to spending more time with students than did their counterparts on low student orientation wards and this accorded with student observations. As regards the preferred allocation, there was little difference between the ward groups in the amount of time ward sisters would like to devote to direct patient care (45% and 50%). Both groups would like to reduce considerably the demands of clerical and administrative duties and, to a lesser extent, the time spent with doctors. High student orientation sisters, however, would like to spend 27.5% of their time teaching student nurses as compared to a preferred percentage of 17.5 by low student orientation sisters.

These results confirm the picture, already revealed by complementary data, of high student orientation wards where the ward sister attaches considerable importance to her teaching function and of low student orientation wards where she gives this task far lower priority. Thus, not only do student nurses identify differences between the two extreme ward groups but also ward sisters confirm the disparity regarding their own commitment to teaching.

Objective Features of the Study Wards

Revans (1964) had demonstrated in his research the tendency for internal hospital communications to influence ward sisters' behaviour to the extent that wards differed more between hospitals than within one hospital. This finding led the author to look for a similar pattern in this research. However, neither high student orientation nor low student orientation wards were found to be related to particular hospitals nor were they predominantly male, female, medical or surgical. A similar situation obtained for the intermediate wards. Details of the study wards are given overleaf.

If there is any inference to be drawn from the objective features of these wards it is the lack of an obvious association of sex of patients, the speciality of the ward, and the hospital setting with ward learning climate.

High student orientation wards		1) male medical	Hospital A
		2) male/female medical	" B
		3) male surgical	" A
Intermediate	tending to high student orientation	1) female medical	Hospital A
		2) male surgical	" B
	in between	1) male medical	" A
		2) female medical	" A
		3) female surgical	" B
	tending to low student orientation	1) male surgical	" B
		2) female surgical	" A
Low student orientation wards		1) male/female surgical	Hospital B
		2) male surgical	" B
		3) female surgical	" A

The Consistency and Extremeness of the Findings

A remarkable feature to emerge from the analysis of data relating to ward learning climate is the extremeness of the findings and the consistency of results from a variety of sources. It is necessary, at this point, to recall that students were randomly allocated to wards with no element of selection. This fact is crucial to the argument that the learning climate of a particular ward, as reported by student nurses, is a product of real differences in ward sister behaviour rather than of individual differences in perception.

Over a maximum period of seven months different student nurses passing through the study wards discriminated between two extreme types of ward and demonstrated a high level of agree-

ment in their descriptions of practices on these wards. On the key dimensions of the ward sister's commitment to teaching and her recognition of student nurse needs the amount of consensus frequently exceeded 80%.

Despite this high degree of consensus the measurement of climate was not as precise as it might have been, particularly in relation to intermediate wards. The cause may owe as much to a lack of sensitivity in the measures as to a lack of diversity in the wards. Whatever the cause the result has been to focus on selective data concerning extreme wards with little information on the middle ranges. However, this is not important for practical purposes which are concerned with creating and fostering appropriate ward learning climates.

In addition, it is appropriate to emphasise that the measured differences between wards are sufficiently strong to represent the 'reality' of learning climates and are certainly adequate to form a basis for an exploration of the effects on student nurse satisfaction and attitudes.

The various analyses, separate scales, independent sources and freely-offered comments confirm the consistency of the findings relating to the centrality of the ward sister's role for students. Ward learning climate is, without doubt, focused on the ward sister and on her alone. Neither doctors nor other qualified staff emerged as contributors in any significant way to the prevailing ward climate. All the evidence presented in this chapter reflects the ward sister's

attitudes, decisions and behaviour in a manner indicating that she is the person, above all, who occupies the key position in determining the learning climate of a ward.

This chapter has been concerned with the establishment of ward learning climate as a measurable reality through the presentation of the findings of Section B of the questionnaire. Not only did the items in two independent scales display a high level of consensus but also they discriminated between two extreme types of ward. Additional single items, free comments and ward sisters' self reports of their attitudes and allocation of time to various activities supported the disparity. Ward learning climate was shown to be a measurable property of the environment rather than of individual, idiosyncratic response. .

The following chapter presents the findings of Sections A and C of the questionnaire concerned with student nurse attitudes and satisfaction.

Chapter 5

Student Nurse Response to Ward Learning Climate

The main purpose of this chapter is to investigate ward learning climate as a determinant of student nurse satisfaction. A secondary aim is to examine the general satisfaction of students in relation to ward learning climate. The attitudes and views about the 'ideal' situation of all nurse groups will also be explored.

Ward Learning Climate and Student Nurse Satisfaction

The case for the existence of ward learning climate was presented in Chapter 4 together with firm evidence supporting the claim that the ward sister's behaviour and attitudes are of crucial importance for student nurse learning on the ward. Two different types of ward were described, ranging from those characterised by high student orientation at one extreme to low student orientation at the other. Three groups of intermediate wards, though not strictly conforming to the notion of climate, were identified as being located between the two extremes.

It will be recalled that climate was claimed to be a property of the work environment rather than of individual response. It was argued that climate could only be said to exist where two characteristics were evident in the measures used, namely consensus amongst individual respondents and discrimination between wards. Both of these requirements

were met in the findings from the Section B data. Stress was laid on the importance of random allocation of students to wards - an important fact indicating that a high level of agreement, together with discriminatory reports, must denote real differences in the measured dimensions of climate.

The final part of the questionnaire, Section C, was administered only to students because its purpose was to find out:-

- a) how satisfied students were with a particular ward experience.
- b) how satisfied they were with nursing in general.

The primary aim of this chapter is to establish, by means of statistical analysis of responses, whether ward learning climate is a determinant of student satisfaction (and dissatisfaction). A secondary aim is to find out how a particular ward experience affects general satisfaction with nursing.

a) Student nurse Satisfaction with Ward experience

Correlational analysis of Section C responses revealed a strong*, 3-item scale which was subsequently labelled Scale C1. Satisfaction with Ward experience. Table 5.1 illustrates the striking differences between high student

*Correlation coefficients amongst the variables = .8, .8 and .7. The strong relationship between items was confirmed by factor analysis.

Table 5.1 Scale C1. Student nurse Satisfaction with Ward Experience
Comparison of high student orientation and low student orientation wards

Item	HSO (1) Wards SA/A (3)	LSO (2) Wards SA/A	(N=38) D/SD (4)	(N=27)	χ^2 df=1
97) This was a good ward for student learning.	100%	33%	0	67%	35.5 P<0.
99) I am happy with the experience I have had on this ward.	92%	55%	3%	44%	16.3 P<0.
107) This was a happy ward for both patients and nurses.	87%	41%	11%	41%	11.2 P<0.
Total Scale C1	$\bar{X}=13.02$	$\bar{X}=8.55$	SD=2.87	SD=2.87	T va 6.18 df=6 P<0.

- (1) HSO = high student orientation
 (2) LSO = low student orientation
 (3) SA/A = strongly agree/agree (undecided responses have been omitted)
 (4) D/SD = disagree/strongly disagree

orientation and low student orientation wards on the items in this scale. On high student orientation wards the percentage of strongly agree/agree responses was very high indeed, varying only from 87% to 100%. On the key item (97) 'This was a good ward for student learning' not a single student disagreed, compared with 67% of students on low student orientation wards. 92% expressed themselves happy with the ward experience and 87% felt that it was a happy ward for both patients and nurses. The difference between the two types of ward was statistically significant for each item at $P < 0.001$.

Intermediate wards again feature in the sequence from high student orientation to low student orientation and are to be found in between the two extremes. Table 5.2 shows the mean scores on Scale C1 for the 5 ward groups. It is interesting to note that the pattern of mean scores exhibited on the climate scales, B1 and B2 (ie group 2 tending towards high student orientation and group 4 tending towards low student orientation) is repeated on this satisfaction scale. The relative scores for intermediate wards are included only for descriptive purposes. Conceptually the significance lies in the divergence between the two extreme ward groups which, therefore, provide the basis of statistical evaluation.

Additional Items which Differentiated between Wards

Complementary to Scale C1 were four individual items which differentiated between high student orientation and low student orientation wards at a significant level ($P < 0.001$).

Table 5.2 Scale C1. Student nurse Satisfaction with Ward Experience
Mean Scores and Standard Deviations of the 5 Ward Groups

	Ward Group					T Value
	<u>1</u> (HSO) (1) N=38	<u>2</u> N=24	<u>3</u> N=40	<u>4</u> N=20	<u>5</u> (LSO) (2) N=27	
Scale C1 Mean Score	13.02	12.25	11.23	10.60	8.55	6.18 df=63 P<0.001
SD	2.87	1.93	2.99	3.45	2.87	

- (1) HSO = high student orientation
(2) LSO = low student orientation
(3) Comparing HSO and LSO only

These are shown in Table 5.3. On high student orientation wards the percentages disagreeing/strongly disagreeing varied from 79% to 90%. Students on these wards disagreed that they did not acquire feedback from the ward sister regarding their progress, that there was too little teaching, that the ward sister was too busy to spend time with students and that they were not treated as individuals. In contrast, students on low student orientation wards furnished majorities of 56% to 96% who strongly agreed/agreed with the identical items.

Correlational analysis supported the grouping of these items into a strong* scale concerned with the theme of 'student nurse satisfaction with the ward sister's teaching role'. It is arguable, however, that at least two of these items (104 and 106) are in reality 'climate' measures rather than 'satisfaction' measures. For this reason the items have not been grouped as a scale. Whether or not they were misplaced in the questionnaire is not important for an examination of ward learning climate as a determinant of satisfaction. There is sufficient alternative evidence, particularly that embodied in Scale C1, to pursue the investigation. Notwithstanding these reservations the four additional items are included for the light they shed on student assessment of learning climates.

Analysis of item responses is obviously vital for the

*In all cases the strength of correlation between items = .7

Table 5.3 Student Nurse Satisfaction with the Ward Sister's teaching role.

Comparison of high student orientation and low student orientation wards

Item	HSO (1) Wards SA/A (3)	Wards D/SD (4)	LSO (2) Wards SA/A	(N=27) D/SD	χ^2 df=1
101) I do not know whether the ward sister was pleased with my progress or not.	18%	79%	56%	37%	11.0 P<0.
104) There was too little teaching on this ward.	8%	87%	96%	4%	48.0 P<0.
106) The ward sister here was too busy with more important matters to spend time with student nurses.	8%	90%	56%	37%	19.4 P<0.
109) I did not feel I was treated as an individual but merely as just another learner.	16%	79%	70%	22%	21.5 P<0.

(1) HSO = high student orientation

(2) LSO = low student orientation

(3) SA/A = strongly agree/agree (Undecided responses have been omitted)

(4) D/SD = disagree/strongly disagree

establishment of statistical inference. However, freely-offered comments often add a human dimension which brings the data to life, and this is exemplified in the following remarks concerning high student orientation wards:-

"I liked the way everyone got on so well."

"I really enjoyed my nights on this ward although I dislike night duty generally."

"My big regret was that I could only spend 8 weeks here."

"I liked being accepted as a valued member of a team."

"Best of all I liked the afternoon ward report."

"I liked caring for patients in an environment which was generally happy, with good relations between staff and patients."

Equally descriptive, though less favourable, were these comments concerning low student orientation wards:-

"We were rather afraid to ask questions."

"I felt a denial of my personality and intelligence."

"A moronic attitude seemed to be desirable if you were going to get a good report."

"My experience on this ward showed me how not to treat subordinates."

"It's a pity that when people work together they can't be friendlier. There was such a lot of bitchiness."

"Permanent staff were very cliquey which made one feel an outsider."

"I often felt that the ward sisters would have been happier if we hadn't questioned either treatment policy, or criticised constructively any of the qualified staff's behaviour."

"I felt that patients' emotional needs and feelings were given much too little priority."

Confirmation of the link between Climate and Satisfaction

At the individual level the relationship between perceptions of practice and satisfaction has been established for the two extreme ward groups. Evidence from the whole sample of student nurses (N=243) is also forthcoming from correlational analysis of Scale B1 and B2 items with Scale C1 items. (It will be remembered that Scales B1 and B2 measure ward learning climate while Scale C1 measures satisfaction with climate.) The scale intercorrelations are highly significant* and strengthen the claim that there is a general tendency for ward sister practices on the discrimination measures to relate to student nurse satisfaction. The general sample backs up the findings that a high student orientation climate is associated with high satisfaction and a low student orientation climate with low satisfaction.

Cause and Effect

The link between climate and satisfaction has been clearly established in previous sections of this chapter. It now remains to determine whether climate causes satisfaction or whether satisfied students describe their wards in more favourable terms. It is necessary to recall that high student orientation wards are associated with high satisfaction, and similarly, low student orientation wards with low satisfaction. Given the fact of random allocation of

*Scale intercorrelations:- B1 with C1, .74, $P < 0.001$
B2 with C1, .55, $P < 0.001$

students to wards there is no alternative, convincing interpretation of such findings other than the explanation that climate determines satisfaction. Random allocation necessarily involves the assumption that a cross-section of students, embracing a variety of attitudes and levels of satisfaction, will pass through each ward over a period of months. A high level of agreement concerning ward sister practices, coupled with discrimination between wards, must be interpreted as an indication that real differences exist. Following on from this argument the logic of causal inference asserts that the related differences in student satisfaction must be determined by differing ward learning climates. In other words, the claim is made that ward learning climate is a determinant of student nurse satisfaction and, as previous discussions have shown, that the ward sister's attitudes are causally implicated in creating ward learning climate.

ward sister attitudes —→ ward learning climate —→ student nurse satisfaction.

b) Student nurse Satisfaction with General Aspects of Nursing

The final part of Section C comprised 15 items which aimed to discover how satisfied students were with nursing in general. These items did not relate to a particular ward, though they immediately followed a section which asked respondents to assess a named ward. It is reasonable, therefore, to assume the development of a 'carry-over' effect resulting in raised levels of general satisfaction for

students on high student orientation wards and depressed levels for those on low student orientation wards. Quite possibly the same students, following experience of a different learning climate, would have furnished dissimilar responses on the general measures. However, the cumulative effect of varying combinations of climates is an unknown factor. The student's general satisfaction will be coloured by all her nursing experiences and it seems reasonable to assume that the larger the number of high student orientation wards encountered during training the more satisfied she will be. For students on high student orientation wards the one known factor in this context was that they had had at least one 'good' experience. But the effect on their general satisfaction may have been small.

All 15 items in this sector were clearly evaluative and were linked both conceptually and statistically. It proved difficult to extract a scale on account of the high correlations* amongst all items. For this reason, 6 items were selected to form Scale C2, called 'General Satisfaction with Nursing' on the basis of their greater generality compared with (possibly) more ward-linked connotations on other items. An example of the latter is item 114:-

'Student nurses' questions are usually answered satisfactorily.'

*The correlations amongst the 15 items ranged from .5 to .8. On each correlation $P < 0.001$.
Factor analysis confirmed the association.

This can be contrasted with the chosen items:-

- 110) I have never contemplated leaving nursing.
- 111) I sometimes doubt whether I should have chosen nursing.
- 115) Nursing is even better than I expected.
- 119) I have discussed with others the possibility of my giving up nursing.
- 122) Nursing is very stressful.
- 123) Nursing is changing for the better.

The difference between high student orientation and low student orientation wards does not reach statistical significance on any individual item but is significant at the 0.05 level for the total scale. Table 5.4 shows the mean scores for all 5 ward groups. Most noticeable is the small amount of difference between the mean scores on high student orientation and low student orientation wards. They vary only from 19.8 to 17.6 though the difference is just significant at the 0.05 level. Predictably, the mean scores of the intermediate wards lie in between the two extremes. These results illustrate the fact that a particular learning climate has far less effect on general satisfaction than on ward satisfaction.

Additional Items which Differentiated between Wards

Three additional items differentiated between the two extreme ward groups at a statistically significant level. They are shown in Table 5.5 which, again, features very high levels of consensus by students on high student orientation wards. 95% disagreed/strongly disagreed that 'student nurses are not encouraged to use their brains' as compared with 59% on

Table 5.4 Scale C2. General Satisfaction with Nursing
Mean Scores and Standard Deviations for the 5 ward groups

Scale	Ward Group					T Value (3)	d of f	2-t pro
	<u>1</u> (HS0) (1) N=38	<u>2</u> N=24	<u>3</u> N=40	<u>4</u> N=20	<u>5</u> (LS0) (2) N=27			
C2	Mean Score	19.81	17.66	18.72	17.94	17.62		
	SD	3.76	3.95	3.60	4.22	5.19	63	P<0

- (1) HS0 = high student orientation
(2) LS0 = low student orientation
(3) Comparing HS0 and LS0 only

Table 5.5 Student Nurse General Satisfaction with Nursing

Additional Items Which differentiated amongst high student orientation and low student orientation wards

Item	HSO (1) Wards (N=38) SA/A (3) D/SD (4)	LSO (2) Wards (N=27) SA/A D/SD	χ^2 df=1
112) Student nurses are not encouraged to use their brains.	5%	41%	15.41 P<0.001
116) 'No-one bothers about what we think'.	13%	44%	7.71 P<0.01
124) The patients' needs really are given first priority.	79%	48%	5.08 P<0.05

(1) HSO = high student orientation

(2) LSO = low student orientation

(3) SA/A = strongly agree/agree (Undecided responses have been omitted)

(4) D/SD = disagree/strongly disagree

low student orientation wards ($P < 0.001$), 71% (high student orientation) and 44% (low student orientation) disagreed/strongly disagreed that 'no-one bothers what we think' ($P < 0.01$). Of particular interest is the third item ('The patients' needs really are given first priority') which elicited 79% strongly agree/agree responses from high student orientation wards compared to 48% from low student orientation wards ($P < 0.025$).

The problem which arose earlier in this chapter, namely whether items are descriptive or evaluative, again emerges in connection with the 3 items just discussed. It could be argued that they are straightforward descriptions of climate and yet other responses and comments indicate that they are associated with important student values (eg that students are not satisfied unless they are encouraged to use their brains). Despite doubts as to their true nature these items are included for the light they shed on student reaction to ward experience and the key role of the ward sister in these matters.

c) General Attitudes to Nursing and views about the 'ideal' situation

The focus of analysis now changes from satisfaction with ward learning climate and nursing generally to the attitudes held by the 5 nurse groups. In the case of this project it was considered necessary to identify attitudes of respondents for three reasons:-

Firstly, they are of interest in their own right especially

for an occupational group considered to be following a vocation. Revans (1964) held no doubts about the validity of his attitude study when stating his belief that the feelings and attitudes of nurses are no less important than their observable actions. Secondly, student nurses are potential recruits to the ranks of qualified staff, including ward sisters, clinical teachers and tutors, and it is valuable to know whether the 4 groups embrace similar attitudes. The differences, if any, between the groups (and especially between first, second and third year student nurses) may help to increase our understanding of learners and their progression through the years leading to state registration. Thirdly, the identification of attitudes may contribute towards an answer to the question whether attitudes are related to student nurse satisfaction. Following the establishment of ward learning climate as a determinant of satisfaction further investigation is now needed in order to relate attitudes and satisfaction.

Reduction of data

Section A of the questionnaire, concerned with attitudes and beliefs, was comprised of 43 individual items. As for Sections B and C, it was considered advantageous to reduce the total number in order to make better sense of the data. The problem was approached by attempting to identify groups of items as scales where they cohered both statistically and conceptually. The employment of factor analysis and correlational analysis indicated that the statistical links were

too weak to justify the use of scales. It was, therefore, decided that a more appropriate method of data reduction was to group the items conceptually. Three clusters of items were identified on the basis of the importance bestowed on them in the literature and initial interviews:-

- 1) The centrality of the ward sister's role (items 1, 2, 6, 8, 36).
- 2) Teaching and the ward sister's role (items 9, 12, 24, 32, 39).
- 3) The Gap between Theory and Practice (items 19, 20, 22, 26).

Additional single items which differentiated between the nurse groups were also utilised.

1) The Centrality of the Ward Sister's Role

Table 5.6 illustrates the differences among the nurse groups on each of the items concerned with the central role of the ward sister. There was fairly general agreement concerning the key position occupied by the ward sister though the latter was less willing (or able) to recognise the extent of her power over students. All nurses were agreed that a Senior Nursing Officer should consult ward sisters about changes, but ward sisters were least likely to accept the desirability of discussing changes with students. The greatest divergence occurred on the issue of whether the relationship between the Nursing Officer and the ward sister affects the latter's subordinates. Nearly half the sisters believed it had no effect while none of the nurse teachers held this opinion. Student nurses stood midway between the two.

Table 5.6 The Centrality of the Ward Sister's Role
Percentage Responses of the 5 Nurse Groups

Item	Response (1)	SN1 (4) N=168	SN2 (5) N=95	SN3 (6) N=61	WS (7) N=44	NT (8) N=27
1) The ward sister is the key person influencing the morale of ward staff.	SA/A ⁽²⁾ D/SD ⁽³⁾	83% 16%	91% 10%	89% 11%	96% 0	100% 0
2) If the Nursing Officer asks the ward sister to make a change affecting the work of nursing students it is unnecessary for the sister to discuss it with them first.	SA/A D/SD	11% 87%	6% 92%	5% 91%	21% 79%	4% 96%
6) The Senior Nursing Officer should consult the ward sister before making decisions which affect the work routine of nursing staff.	SA/A D/SD	98% 2%	98% 2%	95% 5%	91% 8%	96% 4%
8) The relationship between the Nursing Officer and the ward sister has no effect on the way the ward sister handles her subordinates.	SA/A D/SD	32% 63%	20% 65%	20% 75%	47% 52%	0 97%
36) The ward sister's power over the student nurse is very great.	SA/A D/SD	75% 19%	73% 22%	61% 30%	45% 48%	67% 22%

(1) Undecided responses have been omitted from this table

(2) SA/A = strongly agree/agree

(3) D/SD = disagree/strongly disagree

(4) SN1 = first year student nurse

(5) SN2 = second year student nurse

(6) SN3 = third year student nurse

(7) WS = ward sister

(8) NT = nurse teacher. See Appendix E for description of how clinical teachers and tutors were combined in this group.

The overall impression was one of widespread agreement that the ward sister's role is of central importance though sisters, themselves, tended to play down or underestimate their influence.

2) Teaching and the Ward Sister's Role

The 5 items in this group are shown in Table 5.7 which indicates large areas of agreement across nurse groups. Almost all respondents concurred on the need for management courses to emphasise the sister's teaching role and for the latter to be patient and understanding with students. Although the vast majority (80-100%) thought that tutors and sisters should get to know each other there was far less agreement about where they should meet. 96% of nurse teachers felt they should visit the school but less than 65% of other groups agreed. Ward sisters were much more likely to think that time spent in teaching students was given at the expense of more important demands. If students feel they are entitled to expect the sister to allocate teaching time to them, and yet she believes she has more important matters to attend to, then student nurses are very likely to experience frustration and dissatisfaction.

3) The Gap between Theory and Practice

The theme of the 4 items in this group has been a subject of concern to nurse educators over many years. Table 5.8 indicates that there were significant differences in responses among the 5 nurse groups. (The differences

Table 5.7 Teaching and the Ward Sister's Role
Percentage Responses of the 5 nurse groups

Item	Response (1)	SN1 (4) N=168	SN2 (5) N=95	SN3 (6) N=61	WS (7) N=44	NT (8) N=27	X d
9) It is important for teaching on the ward that sisters should visit the school.	SA/A (2) D/SD (3)	65% 33%	65% 32%	62% 28%	64% 30%	96% 4%	1 P
12) Management courses should emphasise teaching as an important aspect of the ward sister's role.	SA/A D/SD	97% 2%	99% 0	100% 0	93% 7%	100% 0	n s i
24) The ward sister can devote time to teaching student nurses only at the expense of more important demands.	SA/A D/SD	15% 77%	9% 84%	10% 82%	32% 64%	19% 78%	1 P
31) Ward sisters and tutors should get to know each other reasonably well.	SA/A D/SD	88% 6%	80% 11%	92% 2%	98% 2%	100% 0	n s i c
32) Ward sisters need to be patient and understanding with student nurses even when they don't do things absolutely correctly.	SA/A D/SD	99% 1%	97% 2%	98% 0	98% 2%	96% 0	n s i c
39) Ward sisters should know what each student nurse thinks and feels about her work.	SA/A D/SD	89% 8%	89% 5%	89% 8%	91% 9%	96% 4%	n s i c

(1) Undecided responses have been omitted from this table

(2) SA/A = strongly agree/agree

(3) D/SD = disagree/strongly disagree

(4) SN1 = first year student nurse

(5) SN2 = second year student nurse

(6) SN3 = third year student nurse

(7) WS = ward sister

(8) NT = nurse teacher

See Appendix E for description of how clinical teachers and tutors were combined in this group

Table 5.8 The Gap Between Theory and Practice
Percentage Responses of the 5 nurse groups

Item	Response ⁽¹⁾	SN1 ⁽⁴⁾ N=168	SN2 ⁽⁵⁾ N=95	SN3 ⁽⁶⁾ N=61	WS ⁽⁷⁾ N=44	NT ⁽⁸⁾ N=27	X d
19) The theory learnt in the school is only really useful for passing exams.	SA/A ⁽²⁾ D/SD ⁽³⁾	30% 63%	27% 68%	13% 85%	7% 93%	0 96%	2 P
20) Tutors tend to teach an idealised version of hospital work.	SA/A D/SD	86% 11%	95% 4%	89% 10%	76% 16%	70% 30%	1 P
22) Education today gives the student nurse too much theory.	SA/A D/SD	25% 68%	39% 55%	21% 74%	30% 66%	15% 78%	1 P
26) Even during the introductory course the student nurse is given glamourised ideas of ward work.	SA/A D/SD	30% 66%	43% 53%	43% 49%	39% 59%	0 100%	2 P

(1) Undecided responses have been omitted from this table

(2) SA/A = strongly agree/agree

(3) D/SD = disagree/strongly disagree

(4) SN1 = first year student nurse

(5) SN2 = second year student nurse

(6) SN3 = third year student nurse

(7) WS = ward sister

(8) NT = nurse teacher. See Appendix E for description of how clinical teachers and tutors were combined in this group.

between student year groups will be discussed later in this chapter). Nurse teachers were far more likely than any other group to place a high valuation on theory and to believe that the theory actually taught to student nurses was relevant for ward practice (item 19 $P < .001$). Approximately one third of student nurses and ward sisters took the view that 'even during the introductory course the student nurse is given glamourised ideas of ward work'. Not one nurse teacher agreed (item 26 $P < .001$). These results indicate the existence of important differences in ward sister and nurse teacher values which are potential sources of difficulty for student nurses in their professional development. Ward sisters, while recognising, to a greater or lesser extent, their teaching function are firmly rooted in the 'service' sector of nursing while nurse teachers are located in 'education'. Where qualified staff in these separate yet overlapping sectors exhibit differing attitudes and beliefs student nurses are likely to suffer role conflict.

Additional items which Discriminated between the Nurse Groups.

In addition to the items already discussed, Table 5.9 shows a further 5 items which discriminated between student and qualified staff. Student nurses were broadly in agreement over these issues, but ward sisters or nurse teachers (or both) held differing views.

Roughly 50% of students thought that the credit was unfairly divided in the doctor/nurse partnership, whereas only 25%

Table 5.9 Additional Items Which Differentiated between Student nurses and Wardsisters/
Nurse teachers

Percentage of respondents who strongly agreed/agreed

Item	SN1 (1) N=168	SN2 (2) N=95	SN3 (3) N=61	WS (4) N=44	NT (5) N=27	χ^2 df=4
17) In the doctor/nurse partnership the credit is unfairly divided in favour of the doctor.	51%	49%	43%	25%	9%	14.27 $P < 0.01$
30) It is inevitable that sometimes procedures in the ward and in the school will differ.	89%	94%	90%	70%	89%	11.59 $P < 0.05$
35) The best ward sister is often the most unpopular.	23%	28%	31%	7%	7%	14.12 $P < 0.01$
37) Nurses are not very good at communicating with each other.	14%	19%	28%	32%	52%	25.01 $P < 0.001$
41) It is not necessary for the ward staff to use formal titles when working together.	36%	46%	51%	16%	15%	30.11 $P < 0.001$

- (1) SN1 = first year student nurse
 (2) SN2 = second year student nurse
 (3) SN3 = third year student nurse
 (4) WS = ward sister
 (5) NT = nurse teacher.

See Appendix E for description of how clinical teachers and tutors were combined in this group.

and 9% of ward sisters and nurse teachers held this view ($P < 0.01$). Perhaps qualified staff are in a better position to assess the situation accurately, though it may be that ward sisters are unwilling to admit to doctor supremacy.

A majority of all groups thought that it was inevitable that procedures in the ward and in the school would differ, though ward sisters were least likely to agree ($P < 0.05$). On item 37 'Nurses are not very good at communicating with each other' it is nurse teachers who differ most with far more agreement than other groups ($P < 0.001$). Lastly, on the question of whether formal titles are necessary in the ward, ward sisters and nurse teachers are far more likely to approve their use compared to students ($P < 0.001$).

The important differences in the attitudes of student nurses and qualified staff indicated by analysis of these items give rise to doubts as to whether student nurses are able to resolve the inherent conflicts in the learning situation. Where, for example, student nurses find discrepancies between the 'real' and the 'ideal' situation they may not know how to cope with the problem. An illustration of such an issue is the finding that 80-95% of all respondents believed there should not be any differences between school and ward practices (item 21) and yet 70-94% believed that differences were inevitable (item 30).

If it were the case that student nurses demonstrated a steady progression through their three years of training

towards a convergence with the views of qualified staff the picture might be an encouraging one. However, a pattern of convergence does not appear except in a few instances. Item 19 shows decreasing student support (from first to third year) for the view that 'theory is only really useful for passing exams' (Table 5.8). This finding can be viewed as encouraging, showing as it does that students come to share with ward sisters and nurse teachers a growing recognition of the relevance of theory to practice. Less welcome is the finding that student nurses develop over the years a greater belief that 'nurses are not very good at communicating with each other'. This is a view shared by one third of ward sisters and one half of nurse teachers.

Additional Differences in Attitudes of First, Second and Third year student nurses

Although student nurses of all three years exhibited considerable agreement on many issues they disagreed on 9 items to a significant extent. Four of these items are illustrated in Table 5.8 'The Gap between Theory and Practice', ($P < 0.05$ on each item). Third year students were far less likely than other years to think that 'the theory learnt in the school is only really useful for passing exams'. Second years were more likely to think that 'tutors tend to teach an idealised version of hospital work' and were least likely to believe that 'education today gives the student nurse too much theory'. First years however, were the most likely to think that 'even during the introductory course the student nurse is given glamourised

ideas about ward work'.

A further 5 items, shown in Table 5.10, differentiated between the year groups over a number of issues. First years were least likely a) to prefer patient allocation (item 15, $P < 0.001$), b) to think that school and ward procedures should not differ (item 21, $P < 0.005$), c) to agree that nurses are not good at communicating (item 37, $P < 0.05$) and d) to think that formal titles are not necessary (item 41, $P < 0.05$). Second years are least likely to value respect for doctors (item 16, $P < 0.05$). Three of these items (15, 37, 41) show increased agreement with each year of training and perhaps indicate greater conformity as students progress through the course.

High student orientation and Low student orientation Wards - Comparison of Student nurse Attitudes

In order to discover whether the experience of different ward learning climates affected the more general attitudes of student nurses the data from Section A were subjected to further analysis. The results yielded significant differences on four items, shown in Table 5.11. On two items the difference lay between agreement and disagreement whereas the strength of agreement (ie strongly agree compared to all other responses) separated respondents on the other two items. It is, perhaps, surprising that the majority of students on high student orientation wards placed a higher valuation on 'respect for medical staff' in comparison with students on low student orientation

Table 5.10 Additional items which Differentiated among First, Second and Third year
Student nurses

Item	Response (1)	SN1 (2) N=168	SN2 (3) N=95	SN3 (4) N=61	χ^2 df=2
15) Patient allocation is preferable to task allocation for student learning.	SA/A (5) D/SD (6)	82% 10%	98% 1%	98% 0	15.04 P<0.001
16) One of the most important characteristics of a good student is the respect she shows for medical staff.	SA/A D/SD	46% 45%	32% 57%	52% 38%	7.75 P<0.05
21) There should not be any differences between procedures taught in the school and those used on the wards.	SA/A D/SD	80% 18%	95% 4%	87% 10%	11.71 P<0.005
37) Nurses are not very good at communicating with each other.	SA/A D/SD	14% 82%	19% 77%	28% 66%	6.07 P<0.05
41) It is not necessary for the ward staff to use formal titles when working together.	SA/A D/SD	36% 55%	46% 43%	51% 36%	7.24 P<0.05

(1) Undecided responses have been omitted from this table

(2) SN1 = first year student nurse

(3) SN2 = second year student nurse

(4) SN3 = third year student nurse

(5) SA/A = strongly agree/agree

(6) D/SD = disagree/strongly disagree

Table 5.11 Differences in Attitudes of Students on High student orientation and Low student orientation Wards

Item	HSO (1) SA/A (3)		Wards D/SD (4)		LSO (2) SA/A		Wards D/SD	χ^2 df=1
	53%	34%	22%	70%				
16) One of the most important characteristics of a good student nurse is the respect she shows for the medical staff.	53%	34%	22%	70%	7.64	$P<0.01$		
33) It is impossible for a ward sister to run a ward without at times appearing to display favouritism.	55%	37%	22%	63%	6.54	$P<0.025$		

Item	HSO SA		Wards Other		LSO SA		Wards Other		χ^2 df=1
	42%	58%	18%	84%					
4) The first principle of good leadership is to issue precise instructions to subordinates.	42%	58%	18%	84%	5.07	$P<0.025$			
30) It is inevitable that sometimes procedures in the ward and in the school differ.	37%	63%	7%	93%	7.38	$P<0.01$			

- (1) HSO = high student orientation
(2) LSO = low student orientation
(3) SA/A = strongly agree/agree (Undecided responses have been omitted)
(4) D/SD = disagree/strongly disagree

wards (item 16). Similarly, a majority of the former thought it inevitable that a ward sister will sometimes appear to show favouritism while a majority of the latter disagreed (item 33). Students on high student orientation wards differentiated themselves by their strength of agreement in believing that 'the first principle of good leadership is to issue precise instructions' (item 4), and in the inevitability that 'sometimes procedures in the ward and in the school will differ' (item 30).

Four is a very small number of items from which to draw firm conclusions and, for this reason, only tentative inferences can be drawn concerning student attitudes as correlates of satisfaction. There is, however, a suggestion that students on high student orientation wards valued 'structure' more highly than students on low student orientation wards (eg item 4). If this is the case the findings accord with Blake and Mouton (1964) and other studies quoted by Warr and Wall (1975) which showed that consideration and structure, though empirically independent of each other, may both be valued in their leaders by subordinates. Consistent with this interpretation is the tentative finding (included in Chapter 4, 'Ward sister Attitudes and Priorities') that ward sisters on high student orientation wards inclined towards a leadership style which favoured a structured environment in which the needs of all subordinates could be met.

Comparison of findings with Revans' findings

It will not have escaped the reader's notice that Revans'

'Standards for Morale' has greatly influenced the thinking behind this study. Revans produced a questionnaire to discover the views of ward sisters and extensive use was made of his constituent items in developing the present questionnaire. A comparison of the two sets of findings indicates clear differences on 5 items and these are shown in Table 5.12. Ward sisters in the present study were less willing to be involved in clerical work, placed less emphasis on the student nurse's respect for doctors and her unquestioning obedience to authority, were less likely to condemn theory and to believe that a good ward sister was unpopular. They were far more in favour of including student nurses in ward rounds. (It is interesting to note that in Section B, where ward sisters were describing their own ward practices, 40% said that student nurses did not accompany ward rounds.)

The total picture shows indications of a shift in ward sister attitudes towards greater acceptance of the better-educated student nurse and more understanding of her need to question authority and be involved in ward routines. There appears to be less doctor orientation now, both in terms of respect for doctors demanded by ward sisters of their subordinates and the exclusiveness of ward rounds.

Fifteen years have elapsed since Revans completed his study and it seems likely that there have been changes in ward sister attitudes and practices, generally, over the last few years. On the other hand Revans studied

Table 5.12 Comparison of Orton's and Revans' (1). Ward sister Responses

	Response (2)	Orton's ward sisters N=44	Revans' ward sisters N=622	χ^2 df=1
7) Modern developments in clinical practice can succeed only if ward sisters give more and more time to purely clerical work.	SA/A (3) D/SD (4)	7% 86%	18% 62%	5.05 P<0.02
18) Student nurses should be invited to join in medical ward rounds.	SA/A D/SD	100% 0%	48% 42%	47.39 P<0.00
22) Education today gives the student nurse too much theory.	SA/A D/SD	30% 66%	47% 38%	7.66 P<0.01
34) Unquestioned obedience to one's superior is absolutely essential in the hospital setting.	SA/A D/SD	14% 84%	57% 34%	40.0 P<0.00
35) The best ward sister is often the most unpopular.	SA/A D/SD	7% 89%	23% 67%	7.18 P<0.01

(1) Revans' ward sisters are those respondents to his ward sister questionnaire in 'Standards for Morale' (1964)

(2) Undecided responses have been omitted from this table

(3) SA/A = strongly agree/agree

(4) D/SD = disagree/strongly disagree

ward sisters in particular hospitals in a different area from the one in which the hospitals for this study were located. The forty-four ward sisters in this study constitute a very much smaller number than the six hundred and twenty two questioned by Revans. Again, it is common knowledge that present-day ward sisters are appointed at a much earlier age than was the practice fifteen years ago and tend to stay for a shorter time in any one ward sister post. These factors may well account for the differences in the two sets of findings though it is not possible to draw any reliable conclusions. However, it is worth commenting that the attitudes and beliefs of ward sisters in this study do appear to be more congruent with present-day attitudes towards young people. The latter appear to demand more recognition of their needs and status and are less willing than their predecessors to give automatic deference to authority. It would be surprising if ward sisters, over the years, had been immune to these changed attitudes and had not exhibited corresponding changes in outlook and behaviour.

This chapter has been concerned with student nurse response to ward learning climate. Analysis of data from Section C of the questionnaire, together with free comments, indicated that ward learning climate is a determinant of satisfaction. General satisfaction with nursing was found to be considerably less closely associated with ward learning climate.

Finally, an analysis was made of Section A data concerned with general attitudes to nursing. The five nurse groups were compared and contrasted on the basis of their agreement and differences in response to the attitude items.

In the final chapter, which now follows, the implications arising from the findings will be discussed.

Discussion and Conclusion

In this final chapter the main findings of the study will be restated, the practical implications will be discussed and suggestions made for further research.

The intention at the outset of this study was to investigate student nurse learning on the ward and the related role of the ward sister. During the early stages of research the author's attention became focused on the firmly-expressed views in the literature concerning the vital importance of ward-based learning. The proponents of this view were clearly convinced that the ward sister occupies a key role in her capacity to offer or withhold the most crucial of all learning opportunities available to student nurses. Forceful confirmation of this belief was forthcoming during the initial interviews with nursing personnel and provided a rationale for exploring the ward setting by means of the concept of ward learning climate.

It was decided to develop a questionnaire divided into three sections each of which concentrated on a specified area:-

Section A. What are student nurses' attitudes to nursing and the 'ideal' situation, and do they differ from those of ward sisters, clinical teachers and tutors?

Section B. What happens on a particular ward and can an individual ward be said to have a learning climate differentiating it from other wards?

Section C. How is student nurse satisfaction related to ward experience and to general attitudes?

The Findings concerning Ward Learning Climate

Without doubt the most important finding of this research is the clear evidence that ward learning climate is a property of the environment as distinct from an individual response variable. It will be recalled (Chapter 4) that a ward learning climate may only be said to exist and be measurable where the chosen measures exhibit two characteristics:- firstly, consensus amongst independent subjects describing a ward and, secondly, discrimination amongst different wards.

Research in the general area of organisational psychology has led to a strong recognition of the importance of an understanding of the internal environment of an organisation as an explanatory variable. On the basis of empirical data numerous authors have illustrated the distinction between descriptions of the job setting and affective response to

the job (Chapter 2). The crucial importance of the relationship between leader and subordinate is everywhere stressed.

The concept of climate is particularly useful in the context of this project, and its viability for an understanding of the effects of ward atmosphere on student nurse satisfaction has been demonstrated.

In order to identify the key dimensions of ward learning climate correlational and factor analysis were carried out on the data from Section B of the questionnaire. These techniques revealed two short scales, 'Ward Sister Recognition of Student Nurse Needs' (B1) and 'Ward Sister Commitment to Teaching' (B2). In terms of their ability to discriminate amongst wards and to elicit consensus from respondents the two scales were remarkably efficient. Two entirely different types of ward were identified with striking clarity. At one extreme were located three wards, labelled 'High student orientation', and a further three, labelled 'Low student orientation', at the other extreme. The labels are descriptive of the learning climate offered by ward sisters to students passing through the wards. The measures for discriminating amongst wards focus on two extreme types of climate as manifested in these six wards. The remaining wards fell somewhere between the extremes and were labelled 'intermediate'. Although the scale scores supported the intermediate position of these wards the level of agreement from independent reports was much lower. These data give rise to doubts as to whether an identifiable climate

exists for intermediate wards. On the other hand, the measures employed may have lacked the ability to discriminate amongst them.

Agreement concerning climate may be forthcoming only at the limits. To use an analogy with geographical climate all can agree that the South Pole is very cold and the Amazon regions very hot. In between the two extremes not only is climate much more variable but reports of it will differ according to the person, the season and many other factors.

There exists the additional possibility that the 'ceiling' effect of a limited number of response categories creates a measuring artefact. That is to say that the upper limit of 'strongly agree' (and, similarly, the lower limit of 'strongly disagree') produces consensus where a larger range of categories might lead to a greater spread of responses. However, the six extreme wards became the focus of analysis because they alone were capable of meeting the stipulated criteria of discrimination and consensus.

The overriding justification for concentrating on the extreme wards lies in the purpose of the research project and the strict adherence to the definition of climate as set out earlier. Only six wards exhibited both the required characteristics, namely, discrimination and consensus. If the aim of the study had been to provide a mirror of reality it would be apparent that, for most of the wards studied, climate had no empirical justification. As such the concept

would be of limited use. Since, however, the purpose of the study is to identify what actually occurs in an ideal situation (and thus what might be achieved elsewhere) the concept acquires a definite value. In this case the ideal is not a model in Weber's sense of a non-existent composite of characteristics (the 'Ideal-Type') but is embodied in the climates of three, real wards. This may constitute an unusual use of the term 'ideal' but the rationale for its inclusion lies in the fact that the extreme wards clearly demonstrate that climate exists as an identifiable, psychological reality for students on whom it has very powerful effects.

The hallmark of a high student orientation ward was the combination of teamwork, consultation and ward sister awareness of the needs of subordinates. Not only did students see their own physical and emotional needs amply met but also those of the patients. The ward sister had a teaching programme, herself devoting appreciable time to teaching, and ward report was used as an important occasion for learning. In contrast, low student orientation wards presented the opposite side of the coin. Teamwork, consultation and ward sister awareness of needs were either absent or deficient. Teaching was given low priority and many potential learning opportunities were denied to students.

Confirmation of student nurse assessment of ward learning climate was forthcoming from evidence supplied by ward

sisters themselves. Two separate series of self reports yielded information concerning their attitudes to nursing and allocation of priorities. Ward sisters divided themselves according to the two extreme types of ward and accurately reflected the differences described by students.

Ward Learning Climate and Satisfaction with Ward experience

Once the case for the existence of ward learning climate had been established the next step was to find out whether climate was a determinant of satisfaction. The scale 'Student Nurse Satisfaction with Ward Experience' (C1) produced remarkably high levels of consensus from students on the high student orientation wards. On the key item 'This was a good ward for student nurse learning' agreement reached 100%. Correlational analysis of the whole student sample revealed a strong association between perceptions of ward practice and satisfaction. More important, students on high student orientation wards displayed much higher levels of satisfaction than students on low student orientation wards.

However, the issue remained to be resolved whether climate caused satisfaction or whether satisfied students described their wards in more favourable terms. Given the fact of random allocation of students to wards the only convincing explanation of the correlation between ward learning climate and satisfaction is that the latter was caused by the former. Furthermore, the findings concerning the crucial nature of

the ward sister's role have resulted in the suggestion that ward learning climate determined student nurse satisfaction and was, itself, determined by ward sister attitudes and behaviour.

Ward Learning Climate and General Satisfaction

It is logical to assume that ward learning climate is more closely related to satisfaction with a particular ward experience than with the looser concept of general satisfaction and this assumption was found to be correct for respondents in the present study. Analysis of the scale 'General Satisfaction with Nursing' (C2) indicated that the difference between the mean scores of high student orientation and low student orientation wards only just reached significance level ($p < 0.05$). Perhaps it is surprising that one experience should have any measurable effect on general satisfaction when account is taken of the fact that an unknown element is the range of wards experienced by an individual student. Equally unknown is the cumulative effect of varying combinations and sequences of ward learning climates. It is apparent, however, that general satisfaction, as measured in this research, was mediated by a particular ward and that even one 'good' or 'bad' experience made a significant contribution to the results.

General Attitudes to Nursing and views about the Ideal Situation

The items measuring general attitudes to nursing and views

about the ideal situation were grouped conceptually on the basis of the importance attaching to them in the literature and by practitioners in the field. Firstly, there was widespread agreement concerning 'the Centrality of the ward sister's role', though ward sisters tended to underestimate their own influence.

Secondly, on the subject of 'Teaching and the Ward Sister's role' there was, again, widespread agreement though ward sisters were the most likely to think that time spent teaching students was at the expense of more important demands.

Thirdly, important differences between ward sisters, nurse teachers and student nurses came to the fore with items focusing on 'the Gap between Theory and Practice'. Nurse teachers were the most likely to value theory and to see it as relevant to ward practice. Ward sisters, on the other hand, were more likely to see theory as over-emphasised and to view even the introductory course as portraying glamourised ideas of ward work. The significant differences illustrated in these items point to an area of considerable concern for those involved in student nurse education. Not only were there differences between students and trained staff but also between 1st, 2nd and 3rd year students. The gap between the 'perceived' and the 'ideal' situation was shown to exist as an element in the reality of student life.

Comparison of Attitudes of Student Nurses on High student orientation and Low student orientation Wards

Only four items furnished significant differences in attitudes between students on high student orientation and low student orientation wards and this number was not considered large enough to provide the basis for firm conclusions. For this reason only tentative inferences can be drawn concerning the effect of ward learning climate on attitudes. There were, however, indications that students on high student orientation wards valued 'structure' more highly than students on low student orientation wards - an interpretation consistent with another speculative finding that high student orientation ward sisters were more likely to offer a structured environment in which attempts were consciously made to meet the needs of both students and patients.

This finding is particularly interesting for two main reasons. Firstly, leadership research has demonstrated that 'structure' as well as 'consideration', is a characteristic valued by subordinates in their leaders. Secondly, two nursing research studies just completed (Fretwell, 1978 and Ogier, 1979) have provided evidence that a 'good' ward sister was strict and showed sufficient directiveness for the particular work situation.

The two studies mentioned above were not available until the final stages of this research. Their findings are, however, incorporated into this chapter on account of the valuable complementary data they provide.

Each study will now be discussed briefly and comparisons made with the findings of the present research.

Socialisation of Nurses: Teaching and Learning in Hospital Wards. J F Fretwell (1978)

The aim of this research was to describe and analyse teaching/learning situations occurring in hospital wards and to identify the characteristics of a 'good' learning environment. By means of questionnaires and observation within wards Fretwell generated a list of characteristics of a ward atmosphere conducive to learning and summarised them as follows:-

"The sister and trained nurses:-

- show an interest in the learner when she starts on the wards
- ensure good learner/staff relationships
- are approachable, available, pleasant yet strict
- promote good staff/patient relationships and quality of care
- give support and help to learners generally
- invite questions and give answers
- help and encourage the learner in her work
- work as a team". (p116).

Learners were found to be particularly sensitive to the behaviour of ward sisters especially in their role of gatekeeper of learning opportunities.

"A good ward learning environment is seen as a ward in which the needs of learners are met." (p115).

Fretwell concluded that the characteristics of such an environment are teamwork, negotiation and good communication.

These results, obtained by very different methods, are in complete concordance with the findings of the present study.

The Effect of the Ward Sister's Management Style upon Nurse Learners. ME Ogler (1979).

This research was aimed at studying the effects ward sisters have upon nurse learners (ie students and pupils) in the wards.

The first part of the study was designed to develop 'Learning Opportunity' categories, that is to discover what learning opportunities learners required or trained nurses thought were provided in the wards of general hospitals. Learners and trained nurses agreed on the definition of five categories* of which the second, 'Ward Climate' is the most relevant to the present study. Ward Climate was described as an 'atmosphere', 'where it is safe to ask questions'.

In the second part of the study a profile was developed of the 'ideal' and the 'non-ideal' ward sister and subsequently seven ward sisters were audio-recorded on duty in order to find who was interacting with them and for how long. These interactions were then analysed in terms of the Learning opportunities categories. The study revealed that the 'ideal'

* 1) Theory:- that is 'to know about'. 2) Ward Climate.
3) Learning accessories, eg, text books. 4) Practical:-
that is 'to do'. 5) Other, eg 'out of the ward'.

ward sister was approachable, learner-oriented and had sufficient directiveness for the particular work situation.

Although some of Ogier's peripheral results (eg concerning differences between medical and surgical ward sisters and between hospitals) were not replicated in the present study, her main findings in relation to the 'ideal' ward sister exactly coincide with the findings of this study.

Ward Sister Attitudes - Comparison of Revans' with Orton's Results.

In view of the extensive use made of Revans' (1964) research it seemed appropriate to compare the attitudes of his ward sisters with the attitudes of ward sisters in the present study. Statistically significant differences between the two sets were found on five items (out of a total of nineteen). Revans' ward sisters were more willing to do clerical work, placed more emphasis on student respect for doctors and unquestioning obedience to authority, were more likely to condemn theory and to believe that a good ward sister is often unpopular. They were less willing to include students in medical ward rounds.

These comparisons indicate a change in attitude towards greater understanding and acceptance of today's less deferential students. It appears that ward sisters, along with other authority figures, are not immune to the demands of the young for more recognition of their needs and status.

Practical Implications of the Findings

If nursing research is to be of direct value to the profession it is essential that the findings are channelled towards those people in a position to initiate and foster change. The key figure and potential change agent to emerge from this research is, undoubtedly, the ward sister. It is apparent that she is the person, above all, who creates and maintains the learning climate of a ward.

This study has shown that it is possible to describe and measure important elements of ward learning climate and to differentiate between two extreme types of ward, namely high student orientation and low student orientation. On every measure used, whether individual items, scales, open-ended questions or free comments, the centrality of the ward sister's role shines through the data. Whatever doubts may exist concerning the detail of ward learning climate there is no doubt that the ward sister's influence in determining the atmosphere of the ward is of the utmost importance.

a) Implications for Nursing Practitioners

A first requirement, following the conclusive evidence discussed above, is that ward sisters and their superiors are made aware of the situation on the wards. Unless they understand the need for change there is every likelihood that the present state of affairs will continue. Before

they can be expected to consider making changes ward sisters need to be informed about the ways in which their attitudes and behaviour influence student nurses.

In this context the findings concerning extreme ward groups assume a particular importance. The identification of crucial elements of high student orientation climates has given rise to the possibility of encouraging appropriate attitudes and behaviour (and, conversely, of discouraging inappropriate ones). Both actual and potential ward sisters could be selected and trained with these elements in mind. The knowledge that teamwork, consideration for subordinates, teaching and the optimum use of ward report were amongst the important characteristics of high student orientation climates gives a clear indication of a pattern that could be adopted for training and selection policies.

Students undoubtedly stand to gain considerably from improvements in ward atmosphere. Even at a time of low wastage the nursing profession cannot be complacent about a situation where large numbers of students believe that learning opportunities are wasted and, in some instances, where they feel their individuality is ignored.

There is clearly a need to reconcile views about the 'ideal' situation with the reality of working on the wards in order to eliminate a cause of frustration and unhappiness

for many students.* One aspect of the problem relates to the gap between theory and practice** and concerns the relationship between 'educational' and 'service' components of training. The communication patterns between ward sisters, clinical teachers and tutors are extremely important here and an increase in the amount of contact between them would create better understanding of each other's roles and the demands that each makes on students. The fact that between 30% and 43% of students think that 'even during the introductory course the student nurse is given glamourised ideas of ward work' gives an indication of the problem.

There is, however, an additional element involved in the divergence between reality and the 'ideal'. When students perceive that 'right' behaviour is not practised by others (e.g. that the ward sister ought to understand their feelings and consult them, but does not do so) they are denied satisfaction and a sense of well-being. An increase in the number of high student orientation type of wards would go some way towards resolving these problems. Evidence regarding ward learning climate showed that reality and the 'ideal' approximate more closely in high student orientation wards than in other types.

Students are not the only subordinate groups to benefit from a 'good' ward atmosphere. The findings support the

* Appendix F illustrates the discrepancy between the 'ideal' and the 'perceived' situation.

** See Table 5.8

view expressed in the literature that patients are intimately affected by the ward environment and that their anxiety and tension are lessened where the staff are happy and work as a team. Evidence from this research emphasises the therapeutic atmosphere of high student orientation wards* - a fact which provides not only justification for change but a demanding call for action.

b) Implications for Research

From the outset this study has claimed to be an exploratory investigation concerned with student nurse learning on the ward and the related role of the ward sister. The alternative approach of a narrow, 'in-depth' study was rejected as being less relevant in such unexplored territory. The findings from this study have elucidated ward learning climate as it applies to particular wards and have isolated measurable dimensions of climate. Further research is now needed to develop better measures particularly in relation to the long term effects of climate. The creation of fewer items with greater discriminatory powers would offer a logical step forward.

How general are these findings in relation to all student nurses in all hospital wards? In order to discover whether the findings have a wider application it would be valuable to administer the same questionnaire in another locality.

Fretwell's (1978) and Ogier's (1979) results support the supposition that the questionnaire would elicit descriptions

* Appendix G shows items which focus on the patient.

of high student orientation and low student orientation wards similar to those in the present study, though the number of wards falling into the extreme groups would be difficult to predict.

The 'snapshot' approach of this research has paved the way for field experiments (and other quasi-experimental methods) which would follow students through a sequence of measured climates. The cumulative effect of these 'known' experiences (e.g. on nursing competence, satisfaction and turnover) could then be monitored.

There are, however, ethical implications involved in any suggestion that students might be selected for 'inadequate' experiences which are known to give rise to dissatisfaction. Normal allocation procedures would, of necessity, have to apply to students on low student orientation wards. No such problem need arise on high student orientation wards since the deliberate selection of students for these wards could only be viewed as advantageous. The cumulative effect of different sequences of wards (both random and planned) could be measured and any disproportionate effect of a 'good' or 'bad' ward identified. Additionally, ward sister training programmes could be devised and implemented, and measurements taken of the ward learning climate before and after the ward sister's exposure to training. (There are reasons to suppose that attitude changes may result from behaviour changes in addition to attitudes governing behaviour).

If training programmes are implemented it is vitally important to evaluate the practical effects within wards rather than to rely solely on sisters' own assessments of the benefits derived.

Outside the sphere of nursing education there exist opportunities for measuring the effect of ward learning climate on patient attitudes and recovery rates. The suggestion that patients, as well as students, stand to gain from experience of high student orientation wards points towards another area of future research activity.

The opportunities for further research are immense but the implementation of particular projects may not always be easy. Problems of access to ward sisters are possible but might be overcome by creating at all levels (and particularly amongst senior nurse administrators) awareness of the importance of improving ward learning climate.

Much of the suggested research might be carried out by nurse researchers in order to forestall criticism that 'outsiders' are trying to impose change within organisations of which they have no professional knowledge. Although the author would not accept such criticism as necessarily valid it is important that change should stem from a desire for improvement by the nursing profession itself.

CONCLUSION

This research was initiated in the hope that the results would be of value to the nursing profession and this aim has been realised by the nature of the main findings concerning ward learning climate.

Change will not easily come about. The work ethos prevalent in many hospital wards demands that routines are developed and maintained so that tasks can be accomplished. Although homage is paid to the primacy of 'patient care' (and many ward sisters ascribe high priority to its performance) there is evidence that patient care is of variable quality between wards and hospitals. However, patient well-being and student well-being have been shown to be inextricably bound together. In terms of potential improvements for both groups it is probably not important whether the motive for change stems from a desire to enrich ward experience for patients or for students. What is more certain is that the encouragement and development of 'good' learning climates would bring improvements for all those involved in ward life and that the benefits could be measured not just in economic terms but in the increase in human happiness and well-being.

Appendix A

List of Individuals and Groups Consulted

Directors of Nurse Education

Deputy Directors of Nurse Education

Senior Nurse administrators

Senior Nursing Officers

Nursing Officers

Ward sisters

Research Unit - General Nursing Council

1st, 2nd and 3rd year student nurses

Clinical Teachers

Nurse Tutors

Staff from the Department of Health Studies Sheffield
City Polytechnic

DHSS Research Fellows

Nursing Research Liaison Officers

DHSS Training Advisor

Group Training Officer

Research Sisters

Staff Nurses

An additional source of ideas and information was the series of day conferences entitled 'The Future of Nurse Education', organised by the King's Fund Centre in London during 1975.

NURSING QUESTIONNAIRE

The purpose of this enquiry is to find out what people think about the hospital ward as a setting for student nurse learning. Four groups of people are involved:-

- a) student nurses
- b) ward sisters
- c) clinical teachers
- d) school tutors.

There are three main sections, each of which is divided into groups of questions.

The first two sections are directed at all four groups of respondents (student nurses, ward sisters, clinical teachers, tutors), and the last section is for student nurses only.

Section A is concerned with general attitudes to nursing, and views about the ideal situation.

Section B relates to the ward setting and is concerned with what actually happens there.

Section C aims to find out the level of student nurse satisfaction which results from ward experience.

You are asked to work through the questionnaire, filling in each and every item by inserting a tick in the relevant column. The columns vary from 'strongly agree' at one extreme, to 'strongly disagree' at the other. There are no right or wrong answers - all answers reflect attitudes and opinions. Please insert a tick in the column which most accurately reflects your view. e.g. if you strongly support the view that 'student nurses put into practice on the ward the theory they learn in the school', you will tick as indicated.....

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
✓				

Try to avoid using the 'undecided' column unless you really cannot agree or disagree.

In between each item and at the end of the questionnaire you will find spaces for comments. It is entirely up to you whether or not you do add comments.

Guarantee. You can be certain that the findings of this enquiry will contain no references to identifiable individuals or wards. Complete confidentiality is assured.

Helen D Orton
Department of Health Studies (Sheffield City Polytechnic)

in collaboration with

Toby D Wall
Medical Research Unit (University of Sheffield)

SECTION A

his section is aimed at finding out about your general attitude to nursing and your views about the 'ideal' situation.

) The first group of questions is concerned with the effect of organisational and hierarchical factors.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1) The ward sister is the key person influencing the morale of ward staff.					
2) If the nursing officer asks a sister to make a change affecting the work of nursing students it is unnecessary for the sister to discuss it with them first.					
3) Clinical teachers should be able to spend more time teaching in the wards and less in the school.					
4) The first principle of good leadership is to issue precise instructions to subordinates.					
5) A ward sister should take the view that her immediate superior is always right.					
6) The senior nursing officer should consult the ward sister before making decisions which affect the work routine of nursing staff.					
7) Modern developments in clinical practice can succeed only if ward sisters give more and more time to purely clerical work.					
8) The relationship between the nursing officer and the ward sister has no effect on the way the ward sister					

SECTION A cont'd.

- 9) It is important for teaching on the ward that sisters should visit the school.
- 10) It would be a good thing if tutors could visit the wards more often.
- 11) All nurses should feel aware of belonging to a profession.
- 12) Management courses should emphasise teaching as an important aspect of the ward sister's role.
- 13) Each patient should receive individualised nursing care.
- 14) The patient should be the most important person on the ward.
- 15) Patient allocation is preferable to task allocation for student learning.

This group of questions is about doctors.

- 16) One of the most important characteristics of a good student nurse is the respect she shows for the medical staff.
- 17) In the doctor/nurse partnership the credit is unfairly divided in favour of the doctor.
- 18) Student nurses should be invited to join in medical ward rounds.

This group of questions is concerned with your opinions about education and the learning process.

- 19) The theory learnt in the school is only really useful for passing exams.

S A	A	U	D	S D

- [illegible]

SECTION A cont'd.

- 41) It is not necessary for the ward staff to use formal titles when working together.
- 42) A reprimand is more effective when given in front of others.
- 43) Student nurses are not sufficiently knowledgeable to make suggestions about the running of a ward.

S A	A	U	D	SD

Comments

SECTION A cont'd.

a) The Ward sister has 100 units of time to divide between the various parts of her job.

How many should she be able to allocate to each of the following?

- 1) Direct patient care
- 2) Teaching student nurses
- 3) Doctors.....
- 4) Clerical/Administrative duties
- 5) Other (specify)
-
-

Total - 100

How many units does she actually allocate?

- 1) Direct patient care
- 2) Teaching student nurses.....
- 3) Doctors.....
- 4) Clerical/Administrative duties
- 5) Other (specify)
-
-

Total - 100

SECTION B

This section refers to a specific ward and the purpose is to find out what actually happens there.

(N.B. Remember that complete confidentiality is assured).

our Reg. No.:.....

code name of Ward.....

a) This group of questions is about doctors.

	S A	A	U	D	S D
4) Student nurses are taught not to speak to the doctors unless spoken to first.					
5) The medical staff are co-operative in choosing times for their ward visits.					
6) The consultants in this ward all have their little ways of liking their prestige to be acknowledged.					
7) Ward activity is regulated for the requirements of the medical staff.					
8) The consultants usually ask the ward sisters about any proposed changes that will affect nursing care.					
9) Student nurses do not accompany the consultant on a ward round.					
10) On this ward the ward sister would make a suggestion about a patient only if the consultant asked.					
11) Nurses of all ranks feel free to seek clarification of orders from the consultants themselves.					

	SA	A	U	D	S D
52) The ward sister always accompanies consultants on ward rounds.					
53) The doctors' attitudes to the ward sister does not affect the way she treats student nurses.					
54) Doctors tend to treat suggestions from nurses with less consideration than they deserve.					
b) <u>This group covers a wide area, including ward organisation, staffing and patient care.</u>					
55) All staff on the ward, from the ward sister to the newest recruit, feel part of a ward team.					
56) The off-duty rota is sometimes altered at short notice.					
57) The student nurse makes little real contribution to the work of the ward before well into her second year.					
58) The off-duty rota is fair to all grades of staff.					
59) In planning the ward duty rota allowance is made for student nurses to gain the widest possible experience.					
60) Patient allocation, rather than task allocation, is the practice on this ward.					

	SA	A	U	D	S D
2) When a student nurse arrives on this ward for the first time the ward sister knows what stage of training she has reached.					
2) The ward sister usually consults her staff before making decisions regarding the running of the ward.					
3) Nursing care is individualised for each patient on this ward.					
4) Student nurses are sometimes regarded as a nuisance when the ward is busy.					
5) The number of qualified staff on this ward is adequate for the work load.					
6) The number of student nurses on this ward is about right.					
7) Student nurses are sometimes kept busy just for the sake of appearing occupied.					
8) <u>This group of questions is concerned with who actually teaches students.</u>					
3) The ward sister devotes a lot of her time to teaching student nurses.					
9) The ward sister has a teaching programme for students on this ward.					
0) The teaching of student nurses is often delegated by the ward sister to trained staff.					
1) Tutors do not usually have time to visit this ward.					

- 3) Reprimands are never given in front of others.
- 4) Conferences of ward staff to discuss personal or clinical problems are not a feature of this ward.
- 5) There is considerable liaison between the ward sister and the school.
- 5) If a student nurse is in any difficulty she goes to the ward sister to discuss the problem.

SA	A	U	D	SD

Comments

SECTION C

The purpose of this section is to find out how satisfied you are with your experience on a particular ward, and how this affects your general attitude to nursing.

Code name of Ward

- a) This group of questions is aimed at discovering how you felt about your experience on this ward.

	SA	A	U	D	SD
97) This was a good ward for student learning.					
98) The work I did was mostly very interesting.					
99) I am happy with the experience I have had on this ward.					
100) There was too much ritual on this ward.					
101) I do not know whether the ward sister was pleased with my progress or not.					
102) This experience has made me more eager to become a qualified nurse.					
103) Whilst working on this ward I sometimes thought of giving up nursing.					
104) There was too little teaching undertaken on this ward.					
105) The relationship between the school and this ward could not be better.					

-) The ward sister here was too busy with more important matters to be able to spend time with student nurses
-) This was a happy ward for both patients and nurses.
-) There was no problem about matching procedures learnt in the school with those used on the ward.
-) I did not feel I was treated as an individual, but merely as just another learner.

S A	A	U	D	S D	

SECTION C

cont'd.

b) What did you like best about this ward?

What did you like least about this ward?

3) Nursing is changing for the better

4) The patients' needs really are given first priority.

SA	A	U	D	SD

Comments.

Appendix C

Scoring Procedure for Response to Items

Items were scored as follows;-

Strongly agree = 5

Agree = 4

Undecided = 3

Disagree = 2

Strongly Disagree = 1

In order to calculate mean scores for scales it was necessary to reverse the scoring on certain items (e.g. 89 and 91 in Scale B1) so that all items were translated into positive statements for high student orientation wards. For example item 89 ('The ward sister regards the student nurse as a worker rather than a learner') was scored:- strongly agree = 1

agree = 2

and so on.

Appendix D

The Differences in Number of Ward Sisters on High Student Orientation and Low Student Orientation Wards

HSO Wards	N = 3	Total N of Ward Sisters = 4
LSO Wards	N = 3	Total N of Ward Sisters = 6
(Original Wards	N = 30	Total N of Ward Sisters = 45)

There was no evidence forthcoming from the questionnaire to suggest that the appointment of one ward sister to a ward, as compared to two, contributed in any way to ward learning climate. The number of wards was too small for any conclusions to be drawn from the data and there were no comments concerning the desirability or otherwise of either one sister or two on a ward.

Appendix E

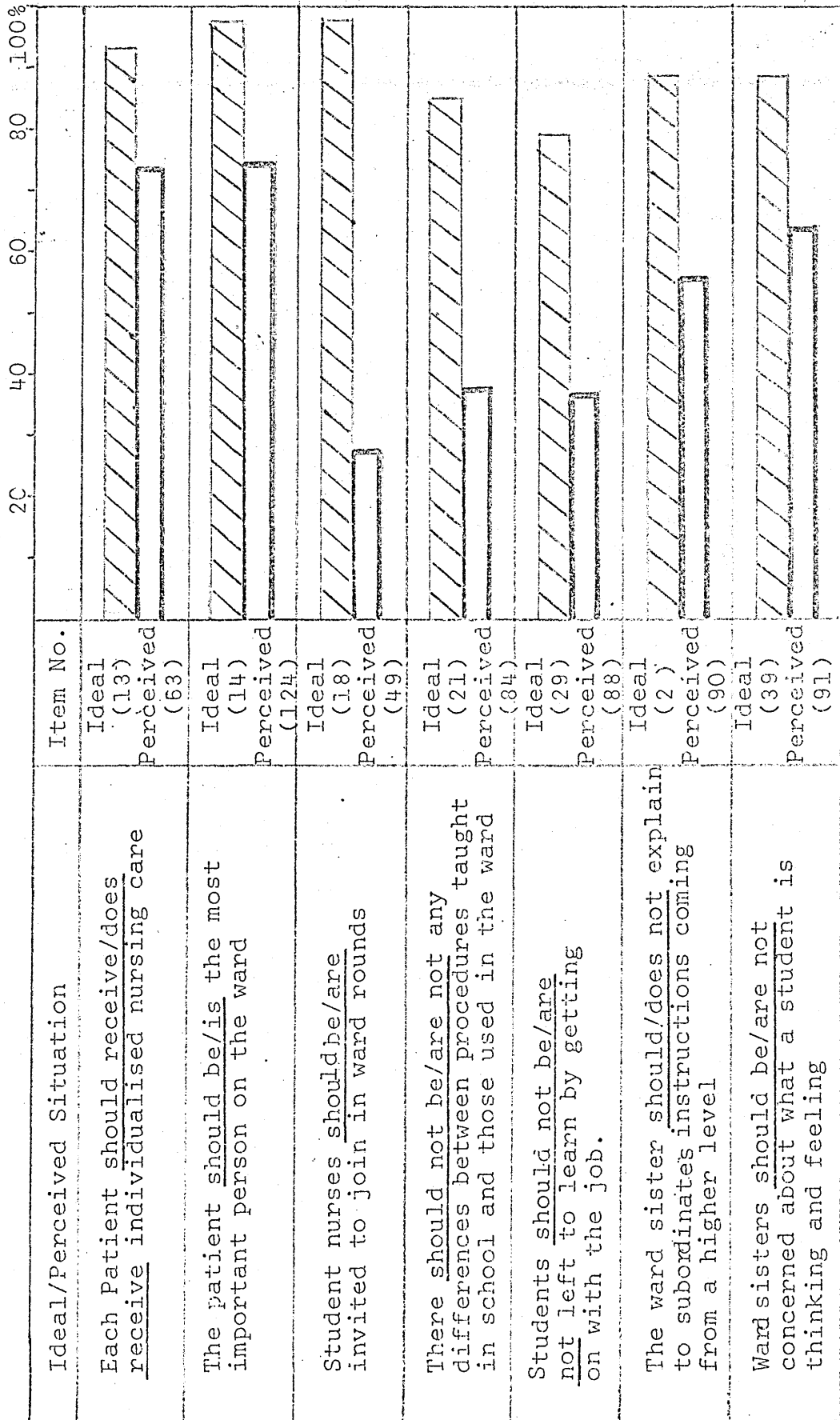
Nurse Teachers

When the attitudes of the thirteen clinical teachers and fourteen tutors were crosstabulated it became apparent that the responses of these two groups were very similar. It was therefore decided to merge them into one group called Nurse Teachers. This merger made sense in terms of the small numbers involved; for even in their combined form nurse teachers constituted the smallest group in the study. With the separation of student nurses into first, second and third years, the number of groups in the study totalled five:-

1st year student nurses (SN1)	N = 168
2nd year student nurses (SN2)	N = 95
3rd year student nurses (SN3)	N = 61
Ward Sisters (WS)	N = 44
Nurse Teachers (NT)	<u>N = 27</u>
Total	N = 395

Discrepancy between Ideal and Perceived Situations

Percentage of Student nurses who Strongly Agree/Agreed on Related items



Appendix G

Items which Focus directly on the Patient Student nurse Responses - HSO and LSO Wards

ITEM	HSO ⁽¹⁾ WARDS		LSO ⁽²⁾ WARDS		X ² df = 1
	SA/A ⁽³⁾	D/SD ⁽⁴⁾	SA/A	D/SD	
60) Patient allocation is preferable to task allocation for student nurse learning	95%	0	44%	48%	23.61 P<0.001
107) This was a happy ward for both patients and nurses	87%	11%	41%	41%	11.20 P<0.001
124) The patients' needs really are given first priority	79%	16%	48%	37%	5.08 P<0.025

(1) HSO = high student orientation (N=38)

(2) LSO = low student orientation (n=27)

(3) SA/A = strongly agree/agree (undecided responses have been omitted)

(4) D/SD = disagree/strongly disagree

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