



APPROVED BY THE ACADEMY OF HEALTH SCIENCES U.S. ARMY:

AN EVALUATION OF SUPERVISORY TRAINING
PROGRAMS AT ST. LOUIS STATE HOSPITAL
COMPLEX AT ST. LOUIS, MISSOURI

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Director of the Program

APPROVED BY THE THESIS COMMITTEE:

A Problem Solving Thesis
Submitted to the Faculty of
Baylor University
In Partial Fulfillment of the
Requirements for the Degree
of
Master of Hospital Administration

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by

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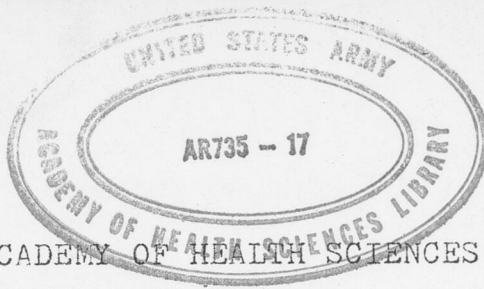
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ACKNOWLEDGMENTS

By sincerest thanks are extended
who directly or indirectly have contrib
Appreciation is offered to Dr. Patrick
Superintendent, who permitted complete access to his staff
hospital.

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My sincerest thanks are extended to the many people who directly or indirectly have contributed to this study. Appreciation is offered to Dr. Patrick Gannon, Medical Superintendent, who permitted complete access to his staff and the physical facilities of the hospital.

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health care institutions was implemented to an increasing degree.¹ This was the concept of manpower development through training and continuing education.

Lewis E. Carroll, in Through the Looking Glass, wrote:

"Well, in our country," said Alice, still panting a little, "you'd generally get to somewhere else--if you ran very fast for a long time, as we've been doing."

"A slow sort of country!" said the Queen. "Now here, you see, it takes all the running you can do, to keep in the same place. If you want to get somewhere else, you must run at least twice as fast as that!"²

Those participating in the management of hospitals today must run twice as fast as their predecessors in order to keep up with the technological advances in medicine and computer science, the changing role of government in regard to hospitals, and the growing power of collective bargaining in a hospital setting. Training and development programs in the hospital setting are essential to avoid obsolescence.

Training and development programs command respectable price tags in modern enterprises. The annual expenditure during recent years for these programs in the business and industry of this country has been estimated to exceed \$25

billions dollars.³ Included in these costs are training department expenditures, costs of induction and orientation, and training costs resulting from transfers and technological changes.

CHAPTER I

INTRODUCTION

General Information

During the 1960's, a strategy relatively new to health care institutions was implemented to an increasing degree.¹ This was the concept of manpower development through training and continuing education.

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As the hospital and patient load expanded, community

interest seemed to diminish. In 1948, the City of St. billion dollars.³ Included in these costs are training department expenditures, costs of induction and orientation, and training costs resulting from transfers and technological changes.

However, the large investment in training generally escapes careful and systematic scrutiny. There is a growing awareness among executives and boards of directors that the costs of training and development programs may not always be commensurate with the return on investment.⁴ If the costs of training--and the cost of not training could be determined-- managers could make more effective decisions regarding this activity.

Therefore, it behooves managers to critically analyze their training and development programs to assure that training needs are being met. To do otherwise encourages economic waste.

Hospital Setting and History

In 1869, St. Louis community leaders founded an asylum for the care of the insane. The St. Louis County Insane Asylum first opened its doors to patients on April 23, 1869.

As patients flowed into the hospital in increasing numbers, the hospital was expanded. Theoretically, patients of the hospital were members of the St. Louis community. In practice, they began coming from all over the state.

As the hospital and patient load expanded, community

interest seemed to diminish. In 1948, the City of St. Louis transferred title to the 53 acres of land and the complex of buildings to the State of Missouri. The asylum now officially became the St. Louis State Hospital with the prospect of a considerably broadened base of tax support.

The main building of the St. Louis State Hospital complex is organized into four psychiatric units, each responsible for a geographic area of St. Louis or its surrounding communities. Each unit is a mental health center with a staff of specialists who are available for consultation, evaluation, or treatment.

Treatment in the community is preferred to hospitalization; outpatient clinics are conveniently located throughout the geographic area of responsibility. As a result of this thrust towards outpatient treatment, hospital patient load and length of stay have declined considerably. In 1940, the hospital census averaged 3844; in 1953, 3600. By March of 1974, the community outreach program had effected a drop to 450 inpatients. In 1967, patient stay averaged between three to six months; presently, a patient can expect to be out of the hospital within seven to ten days.

On the grounds of the St. Louis State Hospital complex, but under the jurisdiction of the University of Missouri Medical School, Department of Psychiatry, is the Missouri Institute of Psychiatry. It is engaged in research related to improving methods of treatment for the mentally

ill and the training of mental health specialists and resident physicians.

In addition to offering complete psychiatric services, the St. Louis State Hospital is engaged in various other specialized programs. Such programs include the Narcotics Addiction program, the Youth Center, the Alcoholism Treatment Center, the Detoxification and Diagnostic Evaluation Center, and the General Medical and Surgical Division. In March 1974, a new inpatient program for working with the mentally retarded child was begun.

The hospital complex is one of five state mental hospitals operated by the Missouri Division of Mental Health. As such, it is subject to state regulations governing personnel policies. In October, 1970, a resolution was made between the Division of Mental Health and Missouri State Council 72 of the American Federation of State, County and Municipal Employees, an affiliate of the American Federation of Labor-Congress of Industrial Organizations, and it gave that body exclusive recognition and the right to bargain collectively.

The hospital complex employs approximately 1500 people. All employees are under the state civil service system; raises and promotions are afforded according to a formal merit system.

Conditions Which Prompted the Study

Training is currently a paramount question within

the Missouri Division of Mental Health. A tentative job description for a Director of Training and Research has been forwarded to the hospital complex from the Division. This position will report directly to the Medical Superintendent.

The management of the hospital wished to determine whether present supervisory training systems are adequate, whether they are meeting employee needs and whether these programs are keeping up with current practices.

Statement of the Problem

The problem is to evaluate existing supervisory training programs and to recommend any methods of improvement necessary to assure training effectiveness at St. Louis State Hospital Complex, St. Louis, Missouri.

General Objectives

The objectives of the study are:

1. To evaluate the hospital's present supervisory training system.
2. To identify any major deficiencies which may exist within the training system.
3. To recommend any methods which may be necessary to assure training effectiveness.

Criteria

The solution to the problem will be measured

against the following criteria:

1. Consideration must be given to sound, proven, documented training methods which are currently accepted as valid.
2. A solid policy statement defining objectives of training must be clearly stated by management and distributed to the staff in the form of a written document.
3. The framework within which the program is organized can be supported by present personnel and teaching facilities.
4. The solution must provide an evaluation and feedback mechanism as an integral part of the training program.

Limitations

The following limitations are pertinent to the solution of the problem:

1. St. Louis State Hospital must conform to state regulations, specifically compliance with the merit promotion system, and compliance with mandatory training programs for the Psychiatric Aid III.
2. The solution proposed must be put into effect within current budgetary, personnel, and resource constraints of the hospital complex.
3. The emphasis of this study will be limited to the leadership training of supportive supervisory personnel in four major departments; Housekeeping, Dietary, Nursing Service, and the Maintenance Department. The majority of

supportive supervisory personnel fall within these departments.

operating budget; priorities are determined by the hospital's

Budget Comm Factors Bearing on the Problem

5. The following factors have an impact on a feasible solution to the problem:

1. A training and research position has been authorized at the hospital reporting directly to the Medical Superintendent (Appendix A). The position has been vacant (with the exception of a temporary appointee, who terminated) since its inception in March, 1974. The Medical Superintendent intends to fill the position as soon as a qualified applicant can be found.

2. Supervisory Training in the four departments studied is highly decentralized. Each department is responsible for development and accomplishment of its own supervisory training program.

3. There is no established separate budget for training within the hospital. Training costs are integrated into that portion of the budget termed "operating budget." The amount allocated to training is generally based on the previous year's figure. The majority of funds available for training are allocated to professional programs.

4. Department heads determine the funds necessary to conduct ongoing training and development programs within their departments, to include sending personnel to courses outside the hospital, and the purchase of any new training

equipment necessary. These are included in the department's operating budget; priorities are determined by the hospital's Budget Committee.

5. Hospital-wide supervisory training has been conducted sporadically by the Personnel Department. A Labor Relations Conference (eight sessions) was conducted from February 22 to March 19, 1970. In 1968, a Supervisory Development course was offered.

6. An Inservice Training Program for all hospital supervisory personnel and heads of service departments has been planned; however, such a program has not been implemented.

Research Methodology

Research methodology entailed a detailed literature review to ascertain current thought, current practice and historical information regarding training which could rationally be applied to solving this problem. From this, the author hoped to gain information regarding successful supervisory training programs in hospitals, specifically organization, program responsibility, budgeting and control of such a program.

Evaluation of the present supervisory training programs at St. Louis State Hospital (SLSH) was accomplished by direct observation, interviews with appropriate department heads and written questionnaires to employees.

The literature is specific regarding the importance

of full support from the management of the hospital. Structured interviews have been conducted with the following personnel in order to determine management's philosophy, goals and objectives as they relate to supervisory training:

SLSH Medical Superintendent

Assistant Superintendent, Administrative

Assistant Superintendent, Medical

Chief, Dietary Department

Chief, Maintenance Department

Nursing Assistant to the Superintendent

Chief, Housekeeping Department

Chief, Personnel Department

A review of the four department's current training programs has been conducted to include lesson plans, unstructured interviews with instructor personnel, methods of training and evaluative techniques. Available teaching facilities and methods of recording previous training were also reviewed.

Questionnaires were distributed for completion to supervisors in all four departments who are presently on the job to ascertain:

1. What training they have had.
2. What is the adequacy of that training from their viewpoint.
3. What additional training do they feel that they need to effectively accomplish their duties.

Turnover rates have been reviewed as a possible

ward unit in a hospital for the mentally ill or mentally retarded. indicator of training effectiveness or non-effectiveness. Turnover figures were obtained from SLSH as well as other hospitals in the St. Louis area for comparative purposes. Other factors which might have an impact on turnover, such as competitiveness of salary structure, unemployment rate in St. Louis, and other factors deemed pertinent were reviewed.

Definitions

The following terms are used throughout this study:

Centralized training is controlled by one responsible representative for the Medical Superintendent, causing departments to conform to plans disseminated by this representative.

Decentralized training is controlled by department chiefs, according to some basic criteria distributed by the Medical Superintendent through a responsible representative.

Goals are the long term aims toward which a system or design tends.

Medical Superintendent is the administrator of the St. Louis State Hospital Complex.

Objectives are the short term specific routes to attainment of long term goals.

Philosophy refers to a set of fundamental beliefs or a way of thinking about the functional area of training and development.⁵

Psychiatric Aid III is the term for the supervisory personnel responsible for the management of a large, multi-

ward unit in a hospital for the mentally ill or mentally retarded.

Supportive supervisory personnel are first line supervisors having the authority, in the interest of the employer to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees or responsibility to direct them, or to adjust their grievances, or effectively to recommend such action, if in connection with the foregoing the exercise of such authority is not of a merely routine or clerical nature, but requires the use of independent judgement.⁶

Turnover rate is computed at St. Louis State Hospital using the following formula:

$$\frac{\text{Number of Terminations in the Month}}{\text{Number of employees on payroll at end of month}}$$

Literature Review

Personnel development through training and education is now recognized as essential for institutional effectiveness.⁷ Interest in hospital-wide educational programs has mushroomed. In 1970, the Hospital Research and Educational Trust published Training and Continuing Education: A Handbook for Health Care Institutions after several years of intensive research efforts in this area, and with the aid of a grant from the Kellogg Foundation. This volume provides the hospital administrator with a clear, concise format for assessment of training needs and evaluation of current training programs.

Hospital training directors even have their own professional association, the American Society for Health Manpower Education and Training. The association meets annually to share a variety of experiences, and also offers workshops, conferences, and publications dealing with training.

The American Hospital Association has initiated a new monthly publication called Cross-Reference. This periodical deals specifically with manpower, education and health careers. They have also published a definitive statement on the role and responsibility of the hospital for inservice education.

Clearly, education and training in the hospital setting is coming under closer scrutiny to assure that current training programs keep pace with the dynamic changes in health care. Today's manager is confronted with a myriad of innovations in technology, therapy, payment systems, and delivery systems, joined with a proliferation of employee specializations.⁸ Today's innovation may become tomorrow's obsolescence. Such rapid change necessitates effective training and education.

One need not look very far to uncover problems that strongly suggest a need for training. Examples include excessive turnover and absenteeism, excessive employee errors, patient complaints, accidents and waste within the organization.

In 1968, the United Hospital Fund of New York

studied the problem of turnover and the costs associated with it, and concluded that the minimum direct costs for replacement at the lowest skill level were \$300, while the cost of replacing a department head or an effective staff nurse could run anywhere from \$500 to \$1000. Inclusion of direct costs produce still higher figures.⁹

Obviously, training cannot cure all institutional or performance problems. However, training can and will, when properly organized and managed, make it certain that the employee knows what he has to know, and is able to perform his assigned tasks with efficiency and with effectiveness.

The American Hospital Association (AHA) stresses that the hospital has the obligation to assure patients that those who provide service are competent to do so.¹⁰ In order to accomplish this, the hospital should conduct a program of staff education.

The AHA considers the following elements essential to an inservice program of staff education:

1. Responsibility for the overall conduct of the program is specifically determined.
2. The framework within which the program is organized delineates lines of administrative controls, establishes inter-and intra-departmental relationships, and provides mechanisms for planning and decision-making.
3. The objectives of the program are clearly defined.

4. Program content is planned on the basis of employee and hospital needs.
5. A system of evaluation of the program is established.
6. An adequate budget is provided.
7. Appropriate classroom, conference and office facilities are provided.
8. Appropriate audiovisual equipment and teaching aids are provided.
9. Appropriate library facilities and materials are provided.
10. Policies are established concerning attendance, scheduling, and follow-up.¹¹

Gatzke and Yenney stress the necessity of a centralized system for training.¹² They feel that if training in the hospital is not formalized through some sort of centralized system, it will take place by chance. When a new employee observes and questions his fellow workers to determine what is expected of him, training is taking place. This "training by chance" is ineffective and frequently the instruction given is erroneous.¹³

There are other obvious advantages of centralized training. A centralized education and training function assists the administrator in making the most effective use of existing institutional resources--people, facilities, equipment and money--minimizing duplication of effort and equipment.

It also enables him to set priorities more effectively.

tively. By being able to obtain information from one person about the training problems that exist in all parts of the institution, the administrator is more able to determine which needs should be responded to first. A centralized training effort also enables the administrator to manage and direct change more effectively to the benefit of his hospital.

There are many ways in which a hospital-wide education program can be organized, depending on what it is expected to accomplish. Gatzke and Yenney list five models along with the advantages and disadvantages of each.

1. Education and Training as a Major Department.

The first model sets up education and training as a major department. The training manager reports directly to the administrator, and is responsible for all training and educational programs in the hospital. This includes medical and nursing education as well as other programs throughout the hospital. This model or an adaptation of it is the most prevalent structure for hospital-wide education departments today. Frequently, the training manager is a physician.

2. Education and Training Accountable to a Committee or Task Force.

The second model is a committee or task force which is responsible for training within the hospital. The committee is made up of department heads, supervisory personnel, and other knowledgeable representatives from various departments.

The committee establishes philosophy and policy, evaluates the effectiveness of specific programs and recommends teachers.

It does not plan course content nor teach specific courses. Presently, the literature does not indicate that such a model is operational, thus, this must be viewed as an "emerging" model that could greatly facilitate organizational change because committee members are selected on the basis of their expertise, not their personality, or their power within the organization.

3. Education and Training as a Division of the Personnel Department.

Some hospitals include education and training as a division of the Personnel Department. The training manager is responsible for all skills training, including nursing inservice, continuing and pre-professional education. He is responsible for coordination of all educational programs with outside agencies. Because it is removed from the power structure, the training and education function in this model has less potential for helping to solve organizational problems, or for serving as a change agent.

4. Education and Training Shared by Several Institutions.

Smaller institutions (under 400 beds) may wish to combine their training and education functions for their mutual benefit. This is called the consortium model. In this way, small participating hospitals, which could not otherwise support education and training programs, can enjoy the benefits of combined resources. Although one individual is

responsible for the program, he is responsible to all participating hospitals equally. A consortium can also be applicable to larger hospitals when it provides one specific aspect of an educational program such as management development, patient education or interpersonal skills training that is needed by several cooperating organizations.

5. Education and Training Assigned to the Director of Nursing Inservice.

Gatzke and Yenney call this the "cautious expansion" model. To accomplish the objectives of this model, the director of nursing inservice must gradually change her role from that of a teacher of nursing skills to that of a coordinator of all hospital-wide education and training. While this has worked in some hospitals, it is difficult to implement because its success depends on changing existing roles and relationships, rather than establishing new ones.¹⁴

The literature stresses the importance of the administrator's role in assuring the success of the training department. Dr. Malcolm Knowles, of Boston University School of Education states that the administrator should view training as a process for human development, and that training be considered a capital investment.¹⁵ To assure success of the program, the administrator must:

1. Pave the way for training before it actually is initiated.

2. Actively support the training activities.

3. Help guide the development of training programs.

4. Establish training as an important part of the function of every department.¹⁶

The administrator who does not set high expectations for education and training, and does not underscore them with supportive actions will be disappointed with the results.

Footnotes

¹Training and Continuing Education: A Handbook for Health Care Institutions (Chicago: Hospital Research and Educational Trust, 1970), p. 1.

²Carl Heyel, Management for Modern Supervisors (Chicago: American Management Association, 1962), p. ii.

³Wendell French, The Personnel Management Process (2nd ed.; Boston: Houghton Mifflin Co., 1970), p. 481.

⁴William R. Tracey, Evaluating Training and Development Systems (Chicago: American Management Association, Inc., 1968), p. 5.

⁵Ibid., p. 33.

⁶Paul Ecker, et al, Handbook for Supervisors (Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1959), p. 6.

⁷Training and Continuing Education: A Handbook for Health Care Institutions, p. vii.

⁸Ibid., p. 1.

⁹Ibid., p. 2.

¹⁰American Hospital Association. Statement on the Role and Responsibility of the Hospital for Inservice Education. (Chicago: American Hospital Association, 1968), p. 1.

¹¹Ibid., p. 1.

¹²Herbert K. Gatzke, and Sharon L. Yenney, "Hospital-wide Education and Training," Hospitals, XLVII (March 1, 1973) p. 93.

¹³Ibid., p. 93.

¹⁴Ibid., p. 95.

¹⁵"Focus on People: $\$(P+T) = Q$," Hospitals, XLVII (September 16, 1973), p. 80.

¹⁶E. G. Merritt, "Employee Training as a Full-Time Staff Function," Hospitals, XXXIV (September 1, 1960), p. 31.

Philosophy and Goals of Management
As Related to Training and Education

Experience has repeatedly demonstrated the critical importance of formulating a positive philosophy of training and development to provide basic guidelines for planning and decision making.¹ An adequate statement of philosophy addresses itself clearly and unequivocally to such considerations as the purpose and responsibilities of the training and development activity, its relationship to the organization as a whole, the nature and conditions of adult learning, the roles and relationships of personnel involved in training and education activities, and the nature and needs of the trainee population.² In terms of goals, the statement sets forth the broad goals of the training and education activity as they pertain to the improvements sought in such areas as facilities, curriculum, staff and support.³

The degree to which training and continuing education can be used effectively in any organization is to a considerable extent dependent upon the management perspective of the chief administrator, for he, more than anyone else, sets the tone and philosophy of the organization.⁴

In an attempt to determine the specific objectives of supervisory training at St. Louis State Hospital Complex, structured interviews were conducted with the Medical Superintendent, his two assistant superintendents, and the chiefs of the four departments being studied. Questions and responses are shown below.

CHAPTER II

DISCUSSION

Philosophy and Goals of Management As Related to Training and Education

Experience has repeatedly demonstrated the critical importance of formulating a positive philosophy of training and development to provide basic guidelines for planning and decision making.¹ An adequate statement of philosophy addresses itself clearly and unequivocally to such considerations as the purpose and responsibilities of the training and development activity, its relationship to the organization as a whole, the nature and conditions of adult learning, the roles and relationships of personnel involved in training and education activities, and the nature and needs of the trainee population.² In terms of goals, the statement sets forth the broad goals of the training and education activity as they pertain to the improvements sought in such areas as facilities, curriculum, staff and support.³

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2. That the program will assure better trained people who are able to perform their job competently.

In an attempt to determine the specific objectives of supervisory training at St. Louis State Hospital Complex, structured interviews were conducted with the Medical Superintendent, his two assistant superintendents, and the chiefs of the four departments being studied. Questions and responses are shown below:

For what purpose do you rationalize having a supervisory training program?

1. To promote upward mobility within the constraints of the merit promotion system.
2. To improve individual competency.
3. To accomplish training necessitated by establishment of new procedures or new equipment.
4. To assist each employee in realizing and developing his maximum potential as a contributing member of the health team in providing the best therapeutic care of all patients.
5. To give employees a broader scope of understanding with regard to the overall operation.
6. To develop the employees' working knowledge of leadership, management and supervisory skills.

What benefits do you expect to derive from a supervisory training program?

1. That such a program will allow the institution to provide the best possible and most economical treatment for all patients, both inpatient and outpatient services.
2. That the program will assure better trained people who are able to perform their job competently.

The objectives of training are promoted on an informal basis and without benefit of current review and documentation. There are no hospital-wide specific written objectives for training, nor are there any guidelines from the Missouri Division of Mental Health. While both the nursing and dietary departments have established written objectives for training, neither maintenance nor housekeeping have done so.

In summary, there is an obligation for all training and education personnel to know the needs of the enterprise they serve. An overall philosophy of training coupled with specific goals related to the nature and needs of the organization is a vital force in the management of training and development programs. But both must be clearly understood and accepted by management and staff in order to direct a training program in accordance with the hospital's philosophy and goals.

Evaluation of Present Supervisory Training Programs

Tracey divides training and development programs into six subsystems.⁵ He lists specific criteria for evaluation of each subsystem. Departmental training will be evaluated against this construct. The six subsystems and criteria are listed below:

1. Philosophy and goals that guide the plans and operations of the training activity should be clearly articulated both verbally and in writing.

2. Management of the training activity is accomplished through the quality of planning, organizing, staffing direction and control.

3. Training staff is made up of carefully selected competent individuals dedicated to the achievement of enterprise goals through the provision of the best possible training and development programs.

4. Curriculum includes the substance of the program as well as the training methods. Both should be pertinent to the needs of the organization and the trainees.

5. Instructional support (such as library and informational systems, training literature and training publications) is available.

6. The buildings, space and facilities available to support training activities should be well designed and equipped for learning.⁶

Each department will be evaluated separately.

Nursing Department

The supportive supervisory positions in the Nursing Department are the Psychiatric Aide III's (PA III's). As of January 31, 1974, 22 Psychiatric Aide III's were employed at St. Louis State Hospital. A total of 27 positions are established and authorized.

There is no ongoing supervisory training program for these PA III's. When an individual is selected for the position, the State Division of Mental Health requires

that he be enrolled in the PA III training program. The State Division of Mental Health also issues guidelines regarding program format; thus goals, objectives and curriculum are clearly delineated (Appendix B).

A philosophy of training is clearly articulated in writing, and specific objectives are delineated for each block of instruction. The philosophy of training and the objectives of each block of training are thoroughly discussed with the trainees as an introduction to each block of training.

Nursing education is a separate activity which is under the direction of a Registered Nurse, who reports directly to the Nursing Assistant to the Superintendent. This individual supervises a staff of five full time registered nurses whose primary responsibility is teaching. Two secretaries supply clerical support for this activity.

The teaching staff consists of five full-time registered nurses, who have had some additional training in teaching skills. In addition, qualified guest speakers from other departments in the hospital cooperate in teaching selected classes.

The program curriculum is geared toward the needs of the hospital, as well as the individual (Appendix B). It covers a review of the Division of Mental Health, and the St. Louis State Hospital Complex to include mission, organization, philosophy and goals. The lesson plan also

includes leadership, management and supervisory concepts. The method of instruction (lecture, role-playing, discussion) as well as required reading assignments and teaching aids are clearly stated. Methods of evaluation are given for each block of instruction to include written tests, discussion participation, observed performance and written assignments.

Instructional support is available through the excellent SLSH Medical Library, as well as a series of films and training literature belonging to the Nursing Education department itself. They also have one mannequin used to demonstrate resuscitative techniques, and one mannequin used for teaching effective patient care techniques.

Classroom facilities are good. One large classroom, seating approximately 40-50 students is exclusively controlled by the department. It is equipped with a chalkboard, screens and projectors. The classroom is not air-conditioned, however, and the summer heat can be a distracting factor.

In summary, nursing service programs for supervisory training are outstanding in every aspect but one. There is very little continuing education in the management and leadership aspects of supervision. The majority of the continuing education for PA III's is patient-oriented. Some supervisory personnel feel a need for more training in management areas, as evidenced by their response to a survey. This survey will be discussed in the following section.

Dietary Department

The Dietary Department employs Dining Room Supervisors for each of its dining rooms throughout the hospital. In addition, one Food Service Manager is employed, who reports directly to the dietitian, and has authority over the Dining Room Supervisors. Six of these supervisors have completed the Supervisory Training Course conducted within the department.

The Supervisory Training Course is conducted every other year, for approximately one hour per week for eight to ten weeks. No guidelines have been established by either the Division of Mental Health or the hospital regarding this training. The Dietary Department independently established its own training objectives for supervisory training and development. The objectives and outline for supervisory training in the Dietary Department are shown in Appendix C. These are discussed with the trainees at the beginning of the course.

There is no full-time individual devoted to training the dietary staff. One dietitian is in charge of the training programs within the department; however, this is in addition to her other duties as Chief of the Food Production Section as well. She is responsible directly to the Chief of the Dietary Department and coordinates employee training programs with the Chief. She is responsible for revising the curriculum, ordering films and training aids and coordinating

with the Department of Nursing to arrange for the classroom and projectors when needed.

The teaching staff consists of the five dietitians on the staff who teach classes in addition to their regular duties. All are registered dietitians and members of the American Dietetic Association. The Food Service Manager also teaches several supervisory classes.

A new series of employee development classes began in September, 1973 to enhance upward mobility within the department. The curriculum consists of a core of general subjects plus training in either food production or supervision depending on the individual's interest and ability. (Appendix D). Either food production or supervisory training are considered roads to advancement within the Dietary Department. The curriculum was established by the Dietary Department to meet their departmental needs. The Division of Mental Health has not established a required curriculum for Dietary Department supervisory personnel, nor has the hospital.

Training aids available include films, and training publications written by the staff, as well as commercial publications. The SLSH Medical Library's full services are available to the department. Currently, the dietitians are looking into the rental or purchase of training cassettes to expand their program and add flexibility.

The Dietary Department does not have adequate classes for the staff. This lasted approximately one year,

classroom space available within the department. A classroom is borrowed from Nursing Service when available, however it is some distance from the Dietary Department. This room seats approximately 20 people and is equipped with a chalkboard. Projectors, screens and other necessary visual aids must be transported to and from the classroom for each class, and must be borrowed from the other departments.

In summary, the Dietary Department has a working supervisory development program, but there are some inherent difficulties. The goals of training were established solely by the department; there is no guidance from the Division of Mental Health or the higher echelons of hospital management. In addition, space and facilities present a problem. Necessary visual aids must be transported quite a distance to the classroom. The use of the classroom and equipment must be coordinated with the Nursing Department, although this has presented little difficulty in the past.

Maintenance Department

The Maintenance Department employs fifteen supervisory personnel. They are highly skilled specialists in their respective areas, including power plant foreman, electrician foreman, plumber foreman, and other technical maintenance foremen.

In the past, the Maintenance Department Chief and two of his assistant foremen conducted weekly training classes for the staff. This lasted approximately one year,

but was terminated because of lack of time. The Maintenance Chief felt that this weekly training was very valuable.

It gave the supervisors a sense of how the overall operation functioned, as well as served as an important tool for communication within the department. None of this training was written up in lesson plan format, nor were any records kept of those attending.

There is no clearly delineated program for supervisory training in the Maintenance Department. All training which takes place is on-the-job training for which there are no written guidelines. No specific objectives are delineated, thus supervisory training in this department is what Gatzke and Yenney termed "training by chance."⁷

There is no one individual directly assigned to administer any training programs within this department. In the past, the Maintenance Department Chief directed weekly training classes for his supervisors. At the present time, however, no classes are being conducted.

In the past, the Maintenance Department Chief and two of his assistants conducted classes for the staff. None of the three have had any formal training in teaching skills.

There are no lesson plans written up for past or present training. The SLSH Medical Library, which carries periodicals dealing with plant maintenance, is available to this department.

Facilities for training within this department are non-existent. There is no classroom space, nor training equipment specific to the department. If classroom training were to be initiated again, the department would have to coordinate with other departments for classroom and visual aid equipment.

In summary, supervisory training in the Maintenance Department is at the present time, purely on-the-job training. The supervisory personnel in this department must depend on hospital-wide courses conducted sporadically by the Personnel Department. Limited funds are available to send personnel to short courses and workshops outside the hospital. Some of the foremen presently attend night classes at the Rankin Trade School in St. Louis, but these courses are primarily technical in nature.

Housekeeping Department

The Housekeeping Department employs fifteen supervisory personnel. These are classified as Housekeeper I's, Custodial Worker II's, and Custodial Worker I's. All personnel in this department start as custodial workers. Part of the supervisor's job is to train these workers, a task for which they are currently ill-equipped.

There is no clearly delineated program for supervisory training in the Housekeeping Department. Goals and objectives are non-existent, thus there is no opportunity for the worker to understand the goals and objectives of

the department in relation to the total institution.

Responsibility for training supervisory personnel rests with the Chief of the Housekeeping Department. This responsibility is delegated to other supervisory personnel in the department. The Chief assigns new workers to another supervisory employee for on-the-job training.

Those engaged in training new supervisors are those supervisory personnel who have been working in the Housekeeping Department for a period of time. There are no written guidelines or lesson plans for training new supervisory employees, nor is there any provision made for continuing education for supervisors.

Services of the SLISH Medical Library, which carries The Executive Housekeeper, a periodical specifically designed for the operation of the housekeeping department, are available to personnel in this department.

Facilities for training in this department parallel those in the Maintenance Department. In summary, supervisory training in this department consists of assigning the new worker to another supervisory employee who has been with the hospital for a period of time. This method of training increases the possibility of built-in inefficiencies.

There is no written format regarding supervisory training, and there is no provision for continuing education of the supervisory personnel. The supervisory personnel in this department must depend on hospital-wide courses conducted

sporadically by the Personnel Department.

Results of Questionnaires

Questionnaires were distributed for completion to the forty-seven supervisors presently on the job in the four departments. Thirty-nine were returned; thus the sample represents 83 per cent of the supervisory personnel in those departments. Some of the questionnaires were only partially completed.

The questions were structured to determine the type of training they have had, how long it lasted, and whether they considered it adequate to perform their current duties. In addition, the supervisors were asked to indicate type of training they would like to have in the future.

All but one indicated that they had received training in a formal classroom setting, on-the-job training or had attended conferences specifically aimed at the supervisory level. This training lasted from two weeks to two years. Conferences generally were stated as being one week in length.

Areas in which some of the supervisory personnel have not received training, and would like to have training in the future are listed below:

1. Orientation to the union resolution.
2. Employee grievance and discipline.
3. Fundamentals and techniques of supervision.
4. Communications.

5. Motivating employees.
6. Writing employee service reports.
7. Record keeping.
8. Planning.

Results of the questionnaire are shown in Appendix E.

Turnover of Hospital
Personnel as an Indicator
of Training Effectiveness

The identification of specific problem areas in the organization can be indicators of training effectiveness.⁸ Records and reports frequently provide clues to effectiveness of training or need for training. Among these reports, turnover is frequently used as an indicator.

Comparatively high levels of turnover or a sudden increase in turnover may indicate the need for greater attention to employee education and training. People readily become discouraged if they are not adequately instructed in how to perform their work, or if they feel little effort is devoted to expanding their skills.⁹ Sometimes they even feel driven out of the organization.¹⁰

Turnover rates were obtained from St. Louis State Hospital Complex, and from forty-one other hospitals in the St. Louis area from the Hospital Personnel Directors' Association of greater St. Louis. A comparison of the hospitals' monthly averages and SLSH's monthly turnover rate for 1973 indicates that turnover rate at SLSH is, for the most part, below the St. Louis area average (Appendix F). Their annual

turnover rate of 25.81 per cent is well below the national annual average for hospital turnover of 46.5 to 50 per cent.

Further, all four department heads stated that supervisory positions were considered prestigious positions at SLSH, thus turnover in these positions is extremely low.

The unemployment rate in St. Louis for the year of 1973 was 5.2 per cent. In January, 1974, the unemployment rate in St. Louis was 5.9 per cent. This unemployment rate is slightly higher than the national average of under 5 per cent for 1973, and 5.2 per cent for January of 1974.¹¹

As a rule of thumb, the statisticians who deal with unemployment figures expect that about four per cent of the labor force will be temporarily unemployed even in the best of times.¹² This type of unemployment is usually called "frictional" by economists.¹³ Frictional unemployment includes seasonal layoffs, voluntary termination by the employee in search of a better job, relocation by the worker, and new entrants into the labor force.¹⁴ Frictional unemployment is an inevitable by-product of our economic system, because we permit a high degree of personal freedom in the decision making process. There is a constant stream of new job seekers who have little knowledge about the labor market and who may thus not make their presence felt at the places where job openings exist.¹⁵

Any percentage above four per cent must include the other major classifications of unemployment, falling under the category of "nonfrictional" unemployment. Structural

unemployment, the first major classification, includes much of the "hard-core" unemployed - those who remain out of work for long periods despite improved economic conditions and labor shortages. These people usually have the wrong skills, live in the wrong area, or are attached to declining industries.¹⁶ Technological unemployment includes those workers who are displaced by a better production method.¹⁷ Cyclical unemployment is that which is associated with unfavorable business conditions, such as a recession or depression.¹⁸

There is no unanimity of opinion as to what constitutes full employment. Nobody argues that every member of the labor force must be employed to achieve full employment. There is some argument over how much unemployment is acceptable. Some economists argue that an unemployment rate as high as five per cent is acceptable at times, while others prefer three per cent or less. Once an acceptable level of unemployment is agreed upon, public policy tries to achieve this level by increasing the volume of national spending.¹⁹

Since the supervisory employees at SLSH would not fall into the categories of unskilled labor or displacement by technological change, it is reasonable to assume that they could find employment elsewhere if they terminated voluntarily. It does not appear that lack of job opportunity in the area is what keeps them on the job at SLSH.

Salary levels at SLSH compare very favorably with other hospitals in the area, particularly at the supervisory level. This factor, plus the job security and benefits

afforded state civil service employees could be an additional factor in the low turnover rate.

Record Keeping

The Medical Superintendent of SLSH stated that training program participation would be used as part of the process for promotion when applicable, and when consistent with the State Merit Promotion System. Thus, an accurate record of employee training is a necessity.

Personal interviews with the Personnel Director and the department chiefs indicate a need that the importance of accurate training records be stressed throughout the hospital. The Personnel Department includes reports of training in the individual's file when evidence of course completion is forwarded to them. However, the director of personnel indicated that training accomplished outside the hospital frequently is not reported to Personnel for inclusion in the records.

Summary

Both the Nursing Department and the Dietary Department have established their own training objectives. Neither the Housekeeping Department nor the Maintenance Department have done so.

Supervisory training in the Nursing Department is outstanding, however there is no provision for continuing education in supervisory skills in that department. Several

supervisors indicated by their response to a questionnaire that such continuing education would be desirable.

The Dietary Department has an excellent program for supervisory training, however, the goals of training were established solely by the department without guidance from the higher echelons of hospital management. Classroom space is adequate, but quite a distance from the department. Necessary equipment and teaching aids must be transported quite a distance from the department to the classroom. The Dietary Department, like the Nursing Department, has not provided for in-hospital continuing education in supervisory skills.

Supervisory training in both maintenance and house-keeping is presently on-the-job training only. Again, no provision for continuing education in supervisory skills has been made.

Annual turnover rate at SLSH is 25.81 per cent; the national annual average for hospitals is 46.5 to 50 per cent. Salary level, prestige associated with supervisory positions, and the job security and benefits afforded state civil service employees were considered to be factors in the low turnover rate.

A system of record keeping for in-hospital training is in effect, but training accomplished outside the hospital frequently is not reported to the Personnel Department for inclusion in the individual's record.

Footnotes

¹William R. Tracey, Evaluating Training and Development Systems (Chicago: American Management Association, Inc., 1968) p. 34.

²Ibid., p. 34

³Ibid., p. 34.

⁴Training and Continuing Education: A Handbook for Health Care Institutions (Chicago: Hospital Research and Educational Trust, 1970) p. 1.

⁵Tracey, p. 24.

⁶Ibid., p. 24

⁷Herbert K. Gatzke, and Sharon L. Yenney, "Hospital-Wide Education and Training," Hospitals, XLVII (March 1, 1973) p. 93.

⁸Dale S. Beach, Personnel- the Management of People at Work (New York: The Macmillan Co., 1970) p. 379.

⁹Training and Continuing Education, p. 12.

¹⁰Ibid., p. 12.

¹¹"Two Sides to the Increase in Unemployment," Fortune LXXXIX (March, 1974) p. 12.

¹²George Soule, The New Science of Economics: An Introduction (Greenwich, Connecticut: Fawcett Publications, Inc., 1964) p. 137.

¹³Ibid., p. 137.

¹⁴Ibid., p. 137.

¹⁵L. C. Michelon and Reuben Slesinger, Understanding Basic Economics (Cleveland: The World Publishing Co., 1968) p. 172.

¹⁶Ibid., p. 173.

¹⁷Ibid., p. 174.

¹⁸Ibid., p.175.

¹⁹Ibid., p. 176.

Recommendations

It is recommended that:

CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

1. There is no hospital-wide philosophy of training nor training objectives articulated to the staff either verbally or in writing.

2. A review of the hospital's training programs for supervisors in the four departments studied indicates that supervisory training at SLSH is decentralized and fragmented. In departments where the State has delineated guidelines for training, supervisory training is outstanding. The other departments, however, receive training at the discretion of their chiefs, and as a secondary consideration.

3. Results of questionnaires completed by on-the-job supervisory personnel in the four departments indicate a desire for additional training in the fundamentals of management and supervision.

4. Turnover rates at SLSH were well below both the St. Louis average and the national hospital average, thus turnover rates were discounted as an indicator of training effectiveness or ineffectiveness.

g. Describe the role of the training director and his relationships to department heads.

Recommendations

It is recommended that:

1. The hospital administrator immediately establish a central training committee or task force made up of department heads, supervisory personnel and other knowledgeable representatives to assist the training director in assessing training needs, establishing philosophy, goals and objectives of training, and coordinating and evaluating ongoing training programs.

2. The hospital administrator, the training committee and the training director establish a written statement of hospital philosophy, long term goals and objectives of training, to be reviewed and updated at least annually.

This statement of philosophy should:

a. Identify the basic purpose of the training activity.

b. Describe the responsibilities of the training activity to the enterprise as a whole.

c. Describe the relationship of the training activity to other departments in the hospital.

d. Discuss the nature and needs of adult learners and their implications for the conduct of the training program.

e. Identify basic principles of learning and their implications for the design and conduct of learning activities.

f. Establish and justify the types of training to be conducted.

g. Describe the role of the training director and his relationships to the other department heads.

3. The importance of accurate records of training be stressed to department heads, and subordinate personnel. Training accomplished both in and outside the hospital should be forwarded to the Personnel Department for inclusion in the individual's record. One copy should be forwarded to the Staff Development Director so that he/she may assist employees in accomplishing their career objectives.

APPENDIX A

JOB DESCRIPTION

INSTITUTION STAFF DEVELOPMENT DIRECTOR

STATE GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Announcement No. 1410

(March 8, 1974)

SLSH PERSONNEL
RECEIVED

Official Public Notice
Three Post

MAR 13 1974

JOB OPPORTUNITIES

THE MISSOURI STATE PERSONNEL DIVISION ANNOUNCES A COMPETITIVE EXAMINATION FOR

INSTITUTION STAFF DEVELOPMENT DIRECTOR (MENTAL HEALTH)

6596

Salary Range: \$954-1,331

LOCATION OF WORK: A current vacancy in this classification exists at each of the State mental institutions located at Fulton, St. Joseph, Fernington, Nevada, St. Louis, and Marshall, and at each of the intensive treatment centers located in St. Louis, Columbia and Kansas City.

APPENDIX A

AGE: Applications will not be accepted from individuals who have reached their 65th birthday since that is the normal retirement age of State employees.

RETIREMENT: Positions in this classification are covered by Federal Social Security and by the Missouri State Retirement System.

JOB DESCRIPTION

DUTIES: INSTITUTION STAFF DEVELOPMENT DIRECTOR
The Institution Staff Development Director works with institution officials in identifying needs and developing in-service programs so as to achieve a staff development program which will assure all employees of preparation for their job assignment. This employee provides functional leadership in identifying the core elements in staff development programs, implementing training policies, determining training needs of employees, developing training materials and in planning, implementing and evaluating in-service programs of the institution.

MINIMUM EXPERIENCE AND TRAINING QUALIFICATIONS: Four years of professional experience in psychology, nursing, social work, education or closely related fields of which at least two years must have been in work related to the development of educational or training programs for a large group of participants and including one year of specialized work in the area of mental health or mental retardation; and a Master's Degree in a health related field or in education. Graduate work beyond the Master's Degree may be substituted on a year for year basis for experience except that no substitution will be allowed for one year of experience in educational or training programs.

WEIGHTING OF EXAMINATION COMPONENTS: Rating of Education and Experience, 100%

Applications May Be Filed Until Further Notice

The Official Application Form Can Be Obtained From the

MISSOURI PERSONNEL DIVISION

117 EAST DUNKLIN STREET

JEFFERSON CITY, MISSOURI

or any office of the Division of Health, Division of Employment Security, Division of Welfare, Department of Corrections, Board of Training Schools, or Division of Mental Health.

Announcement No. 1410
(March 8, 1974)

STATE GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER



SLSH PERSONNEL
RECEIVED

Official Public Notice
Please Post

MAR 13 1974

JOB OPPORTUNITIES

THE MISSOURI STATE PERSONNEL DIVISION ANNOUNCES A COMPETITIVE EXAMINATION FOR

INSTITUTION STAFF DEVELOPMENT DIRECTOR (MENTAL HEALTH)
4596

Salary Range: \$954-1,331

LOCATION OF WORK: A current vacancy in this classification exists at each of the State mental institutions located at Fulton, St. Joseph, Farmington, Nevada, St. Louis, and Marshall, and at each of the intensive treatment centers located in St. Louis, Columbia and Kansas City.

AGE: Applications will not be accepted from individuals who have reached their 65th birthday since that is the normal retirement age of State employees.

RETIREMENT: Positions in this classification are covered by Federal Social Security and by the Missouri State Employees' Retirement System.

DUTIES: An employee in this class is responsible for collaborating with institution officials in identifying learning needs and in coordinating all in-service programs so as to achieve a staff development program which will assure all employees of preparation for their job assignment. This employee provides functional leadership in identifying the core elements in staff development programs, implementing training policies, determining training needs of employees, developing training materials and in planning, implementing and evaluating in-service programs of the institution.

MINIMUM EXPERIENCE AND TRAINING QUALIFICATIONS: Four years of professional experience in psychology, nursing, social work, education or closely related fields of which at least two years must have been in work related to the development of educational or training programs for a large group of participants and including one year of specialized work in the area of mental health or mental retardation; and a Master's Degree in a health related field or in education. Graduate work beyond the Master's Degree may be substituted on a year for year basis for experience except that no substitution will be allowed for one year of experience in educational or training programs.

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or any office of the Division of Health, Division of Employment Security, Division of Welfare,
Department of Corrections, Board of Training Schools, or Division of Mental Health.

AIM AND PURPOSE OF STAFF DEVELOPMENT PROGRAM

Keeping in mind our philosophy of nursing, we plan this staff development program for nursing personnel. We believe that a well organized educational program should be a part of the total nursing milieu. We further believe that inservice is a planned educational experience provided in the job setting and closely identified with services which is necessary for both professional and non-professional personnel to perform more effectively as persons and as workers.

Our ultimate aim is to assist each employee in realizing his maximum potential as a contributing member of the health team in providing the best therapy available.

Through this educational program the employee is better equipped to meet the desired goal of nursing in that he is able to contribute to the total nursing milieu through the efforts of all. This is especially true in the area of establishing and maintaining good working inter-personal relationships among personnel. Through the educational efforts of nursing service and nursing education, the patient cares toward the staff are improved.

The inservice training opportunities provided are based on the concept of continuing of personnel and are based through the use of staff development programs which include:

- Orientation
- Self Learning
- Leadership and Management
- Continuing Education

APPENDIX B

SUPERVISORY TRAINING PROGRAM
NURSING DEPARTMENT

OBJECTIVES OF STAFF DEVELOPMENT

AIM AND PURPOSE OF STAFF DEVELOPMENT PROGRAM

Keeping in mind our philosophy of nursing, we plan this staff development program for nursing personnel. We believe that a well organized educational program should be a part of the total nursing milieu. We further believe that inservice is a planned educational experience provided in the job setting and closely identified with service which is necessary for both professional and non-professional personnel to perform more effectively as persons and as workers.

Our ultimate aim is to assist each employee in realizing and developing his maximum potential as a contributing member of the health team in providing the best therapeutic care of all patients.

Through this educational program the employee is better able to realize that the desired goal of nursing is attained through the efforts of all. This, hopefully, will further aid in establishing and maintaining good working interpersonal relationships among personnel. Thus, through the combined efforts of nursing service and nursing education, the patient moves toward the attainment and maintenance of optimum health.

The teaching-learning experiences provided are based on the level of functioning of personnel and are provided through the use of staff developmental programs which include:

Orientation

Skill training

Leadership and Management

Continuous Education

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OBJECTIVES OF STAFF DEVELOPMENT

To assist new personnel in acquiring needed knowledge and skills that will aid them in adjusting to the psychiatric environment.

To prepare personnel in efforts to assume greater leadership responsibility in nursing.

To assist personnel in increasing knowledge and understanding of new concepts in medicine and nursing, thereby enabling them to meet patients needs in a more satisfactory way.

To offer programs which will motivate and stimulate personnel, thereby promoting a greater feeling of job satisfaction.

To develop a better understanding of the team concept of nursing in order to improve total care of patient.

To promote the coordination of nursing functions with other departments.

To develop within the personnel an increased awareness of their responsibilities for health teaching.

To promote a better understanding of all hospital policies and regulations which affect personnel as well as patients.

PSYCHIATRIC AIDE III - COURSE OUTLINE

SUMMARY OF UNITS

TOTAL HOURS - Theory 77 Clinical 154

ST. LOUIS STATE HOSPITAL COMPLEX

UNIT	TOPIC	THEORETICAL	CLINICAL
	NURSING DIVISION		
	STAFF DEVELOPMENT DEPARTMENT		
I.	Review of Division of Nursing St. Louis State Hosp.		
II.	Leadership, Management	20	62
III.	Concepts of Mental Health and Mental Retardation Nursing	18	28
IV.	Nursing Care of Psychiatric and Mentally Retarded Patients Manifesting Deviations and, or changes. Review of Physical Needs, Related Nursing Procedures and Medications	30	60
V.	Trends in Mental Health, Mental Retardation and Related Treatments.	3	6

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PSYCHIATRIC AIDE III - COURSE OUTLINE

SUMMARY OF UNITS

OBJECTIVES

1. To review and increase knowledge of the Division of Mental Health and St. Louis State Hospital Complex.

2. To develop further knowledge and skills in the areas of leadership, management and supervision.

3. To develop further knowledge and skill of mental health, mental retardation and, or changes.

TOTAL HOURS - Theory 77 Clinical 154

UNIT	TOPIC	THEORETICAL	CLINICAL
I.	Review of Division of Mental Health and St. Louis State Hospital	4	6
II.	Leadership, Management and Supervision	30	62
III.	Concepts of Mental Health and Mental Retardation Nursing	10	20
IV.	Nursing Care of Psychiatric and Mentally Retarded Patients Manifesting Deviations and, or changes. Review of Physical Needs, Related Nursing Procedures and Medications	30	60
V.	Trends in Mental Health, Mental Retardation and Related Treatments.	3	6

OBJECTIVES

1. To review and increase knowledge of the Division of Mental Health and St. Louis State Hospital Complex.
2. To develop further knowledge and skills in the areas of leadership, management and supervision.
3. To develop further knowledge and skill of mental health, mental retardation nursing principles and the effects of interpersonal relationship in patient care.
4. To acquire additional skill in caring for patients manifesting deviations and, or change.
5. To review basic physical needs of patients, selected nursing procedures and the administration of oral and intramuscular medications.
6. To gain a broader concept of trends in Mental Health and Mental retardation and the changing roles of nursing personnel as related to both areas.

CONTENT	Hrs.	METHOD OF INSTRUCTION	ASSIGNMENT	CLINICAL EXPERIENCE	Hrs.	METHOD OF EVALUATION
Review Missouri Division of Mental Health 1. Mission 2. Organizational structure 3. Central Office 4. Personnel Policies	1	Discussion Charts & Pre-test on D.M.H. & SLGH Complex	Review D.M.H. 1960 Annual Report			Pre-test Class participation Group Conferences Written Quiz
Review of SLGH Complex 1. Goal & Philosophy 2. Services & Locations a. Inpatient b. Outpatient c. Day Hospital d. Emergency e. Clinic f. Community	2		Review No. Employee Handbook	Tour selected areas in hospital as a refresher		
UNIT I: REVIEW OF DIVISION OF MENTAL HEALTH AND ST. LOUIS STATE HOSPITAL COMPLEX						
<u>OBJECTIVES</u>						
1. Review Mission structure a. Goals b. Philosophy c. Objectives d. Policies e. Relationship to other team members & Departments f. Role of P.A. III						1. To review and update knowledge on the philosophy, goals and organizational structure of the Division of Mental Health. 2. To review and update knowledge on the philosophy, goals and organizational structure of St. Louis State Hospital Complex.
Total Hours	3		Review Job Descriptions of PA III	Discuss findings with instructor.		

CONTENT	Hrs.	METHOD OF INSTRUCTION	ASSIGNMENT	CLINICAL EXPERIENCE	Hrs.	METHOD OF EVALUATION
Review Missouri Division of Mental Health 1. Mission 2. Organizational structure 3. Central Office 4. Personnel Policies	1	Discussion Charts & Pre-test on D.M.H. & SLSH Complex	Review D.M.H. recent Annual Report			Pre-test Class participation Group Conferences Written Quiz
Review of SLSH Complex 1. Goal & Philosophy 2. Services & Locations a. Inpatient- various programs b. Outpatient c. Day Hospital d. Emergency e. Clinic f. Community Programs 3. Review Nursing Service structure a. Organizational structure b. Philosophy c. Objectives d. Policies e. Relationship to other team members & Departments f. Role of P.A. III	3		Review Mo. Employee Handbook Review Nursing Philosophy-objectives Organizational Chart Policies, Procedures Manuals.	Tour selected areas in hospital as a refresher Read and discuss ward and unit policies to ascertain similarities & differences.	2	
			Review Job Description of PA III	Observe condition of Manuals, are they easily obtained. Does personnel use them as a reference. Discuss findings with instructor.	4	
Total Hours	4				6	

CONTENT	Hrs.	METHOD OF INSTRUCTION	ASSIGNMENT	CLINICAL EXPERIENCE	Hrs.	METHOD OF EVALUATION
Concept of Leadership 1. Definition 2. Kinds of Leadership a. Democratic b. Autocratic c. Laissez-faire 3. Qualities a. Intelligence b. Knowledge c. Teaching Skills d. Self Confidence	3	Lecture-Discussion Film: Styles of Leadership Role Playing	Read Assigned reference on Leadership	Observation and Discussion of Leadership styles & Qualities in Hospital Complex	3	Participation in Discussions, Written assignments, Performances

UNIT II: LEADERSHIP, MANAGEMENT AND SUPERVISION

OBJECTIVES

1. To gain further knowledge in leadership, management and supervisory skills.
2. To develop further skill in counseling and appraising the employee's work performance in the job setting.
3. To gain increased knowledge of the union resolution as it relates to SLSH Complex.
4. To gain increased knowledge in legal aspects of patient care as applied to the role and function of the Psychiatric Aide III.

I II

CONTENT	Hrs.	METHOD OF INSTRUCTION	ASSIGNMENT	CLINICAL EXPERIENCE	Hrs.	METHOD OF EVALUATION
<p>Concept of Leadership</p> <ol style="list-style-type: none"> 1. Definition 2. Kinds of Leadership <ol style="list-style-type: none"> a. Democratic b. Autocratic c. Laissezfaire 3. Qualities <ol style="list-style-type: none"> a. Intelligence b. Knowledge c. Teaching Skills d. Self Confidence e. Open Mindedness f. Decisiveness g. Initiative h. Integrity 	3	<p>Lecture-Discussion</p> <p>Film: Styles of Leadership Role Playing</p>	Read Assigned reference on Leadership	Observation and Discussion of Leadership styles & Qualities in Hospital Complex	6	Participation in discussions, Written assignments, Performances
<p>3. Concept of Supervision</p> <ol style="list-style-type: none"> 1. Definition 2. Purpose 3. Principles of supervision 4. Tools of Supervision <ol style="list-style-type: none"> a. Personnel Policies b. Job Descriptions c. Service Reports d. Inservice Programs e. Nursing Rounds & Nursing Reports 	4	<p>Lecture Discussion</p> <p>Film: Judging People Film: Patterns Of Instructions</p>	<p>Review: Personnel & Nursing Policies Nursing Procedures Service Reports</p>	<p>Make Nursing Rounds Write Nursing Report Write on the Kardex & Patient Charts Assist in or teach a procedure to another employee</p>	14	

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T II

CONTENT	Hrs.	METHOD OF INSTRUCTION	ASSIGNMENT	CLINICAL EXPERIENCE	Hrs.	METHOD OF EVALUATION
<p>• Concept of Management</p> <ol style="list-style-type: none"> 1. Definition 2. Functions & Responsibility <ol style="list-style-type: none"> a. Planning b. Organizing c. Coordinating d. Directing e. Controlling f. Evaluating 3. Application to Unit <ol style="list-style-type: none"> a. Planning <ol style="list-style-type: none"> 1. Patient Care 2. Ward Administration <ol style="list-style-type: none"> a. Weekly time b. Staffing Patterns c. Records Reports d. Maintaining Equipment & Supplies B. Organizing <ol style="list-style-type: none"> 1. Establishing Work priorities 2. Making Assignments. C. Coordinating Activities <ol style="list-style-type: none"> 1. Within Unit 2. With other Departments & Disciplines 	<p>7</p>	<p>Lecture-Discussion</p> <p>Film: Breaking the Delegation Barrier</p> <p>Film: How Good is a Good Day</p> <p>Lecture-Discussion</p> <p>Film: Supervision</p> <p>Lecture-Discussion</p> <p>Film: Playing</p>	<p>Selected Readings Handouts</p> <p>Review: Patient Assignments Weekly Time sheets</p> <p>Review: SLSH Complex policy on ordering supplies, equipment & requesting repairs.</p> <p>Review; Policy on incident reports</p>	<p>Review & Discuss assigned unit in terms of all aspects of management.</p> <p>Assist in making weekly time-order weekly supplies and check condition of ward equipment. Make a repair requisition.</p> <p>Assist in making ward assignment for week</p> <p>Observe administrative meetings with other disciplines</p>	<p>15</p>	<p>Level of Understanding in discussion</p> <p>Clinical Conference</p> <p>Observations</p> <p>Written Assignment</p> <p>Clinical Conference</p>

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II

CONTENT	Hrs.	METHOD OF INSTRUCTION	ASSIGNMENT	CLINICAL EXPERIENCE	Hrs.	METHOD OF EVALUATION
d. Directing 1. Delegating Why and How 2. Teaching 3. Demonstration 4. Decision Making e. Controlling 1. Supervisors Rounds(all shifts) 2. Records & Reports f. Evaluating 1. Patient Care 2. Nursing Service 3. Personnel		Film: Breaking the Delegation Barrier Film: How Good is a Good Guy	Selected Readings Review: Service Report Manual by: Personnel Dept.	Write a list of duties which may be delegated & discuss with instructor Make Nursing Rounds with supervisor Discuss with instructor : Make a Service Report		Written material Post Conference Clinical Conference on Observations Written Assignment
Guidance & Counseling . Communicating with employee a. Verbal 1. Manner of speech 2. Choice of words b. Non-verbal 1. Gestures 2. Actions c. Writing 1. Reports on emp. 2. Memos d. Counseling 1. Individual 2. Groups 2. Problem Solving a. Define Problem b. Analyze Problem c. Alternative solu- tion d. Evaluation of alternatives e. Course of actions f. Check & analyze results	5	Lecture-Discuss- ion Role Playing	Review: Nursing standards for Hospital Accreditation. Review: Current memos directives of SLSH Complex discuss for clarity	Evaluate Patient Care Objectives on selected patients Conduct an individual conference Give an oral report on patient problem or a ward problem, utilizing problem solving princi- ples.	17	Performance

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IT II

CONTENT	Hrs.	METHOD OF INSTRUCTION	ASSIGNMENT	CLINICAL EXPERIENCE	METHOD OF EVALUATION
<p>3. Specific Problems</p> <ul style="list-style-type: none"> a. Absenteeism b. Tardiness c. Frequent Illness d. Patient abuse e. Neglect of duty f. Infraction of policies. g. Disorderly conduct h. Use of drugs and alcohol i. Insubordination j. Theft k. Others 			<p>Review D.M.H. Regulations</p> <p>Read SLSH Complex Policies on these specific problems.</p> <p>Select an infraction of one of these rules and outline your plan of action</p>	<p>Observe & assist supervisor with selected existing problems.</p>	<p>Conference with student & supervisor</p> <p>Written assignment.</p>
<p>4. Relationship to Union</p> <ul style="list-style-type: none"> a. Union Resolution <ul style="list-style-type: none"> 1. Content 2. Application & implementation at local level. b. Union Policies as related to D.M.H. Personnel Policies c. Disciplinary Action <ul style="list-style-type: none"> 1. Definition & Use 2. Confidentially 3. Objectivity 4. Personnel record 5. Recommendations for appropriate actions. 			<p>Read & Discuss Union Resolution</p> <p>Read & Discuss related hospital & nursing policies.</p>		

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II

CONTENT	Hrs.	METHOD OF INSTRUCTION	ASSIGNMENT	CLINICAL EXPERIENCE	Hrs.	METHOD OF EVALUATION
Legal Aspects of Patient care	11	Guest lecturer from Human Rights Committee	Read Federal Regulations concerning Human & Civil Rights		10	Conferences
1. Human Rights <ul style="list-style-type: none"> a. Legal responsibility for nursing care plans b. Legal implications related to assignments of patient care. c. Legal responsibility to provide supervision d. Legal responsibility involving: <ul style="list-style-type: none"> 1. Observing Pt. responses 2. Reporting Pt. responses 3. Evaluating Pt. responses 			Review related hospital policies	Observe in area for infraction of Human and or Civil Rights		
2. Civil Rights <ul style="list-style-type: none"> * a. Racial Discrimination 			Study Civil Rights Act - 1964			
3. Types of Admissions		Guest Lecturer from admissions				
4. Competency						
5. Privileged Communications						
6. Signing against medical advise						
7. Unauthorized leave.						
* b. Sex						
c. Religion						
d. National origin						Written Unit Test
Total Hours	30				62	

INSERVICE TRAINING

OBJECTIVES:

1. To become familiar with the organization of the hospital and Dietary Department.
2. To learn the skills of communication.
3. To gain further understanding of the principles of working with the Mentally Retarded or Mentally Ill.

APPENDIX C

4. To teach and demonstrate the basic principles of sanitation.
5. To demonstrate the principles of safety in the kitchen.

SUPERVISORY TRAINING PROGRAM

DIETARY DEPARTMENT

6. To show the basic techniques of kitchen cleaning.
7. To demonstrate budget planning and cost control.
8. To review the principles of nutrition and therapeutic diets.

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OUTLINE FOR SUPERVISORS' TRAINING

- A. How to supervise.
- B. How to evaluate employees.
- C What is an Effective Supervisor?
- D. What supervisors should expect from subordinates and vice versa.
- E. Job Descriptions.
- F. Normal Nutrition.
- G. Therapeutic Nutrition.
- H. Sanitation.
- I. Safety.
- J. How to Counsel Employees.
- K. Understanding the Mentally Ill patient.
- L. Effective Communication.
- M. Meal Service, Cafeteria and Tray.
- N. Menu Planning.
- O. Keeping accurate records.
- P/ Inter-personal relationships.

Inservice Training for Upward Mobility

Class Outline

I. Orientation

II. Sanitary Food Service

III. Safety

IV. Equipment Selection and Maintenance

V. General Principles of Supervision

VI. Understanding Patients

VII. Basic Elements of Nutrition and Dietary Treatment of Disease.

APPENDIX D

VIII. Quantity Food Preparation or Advanced Supervision
(according to interest and ability)

INSERVICE TRAINING FOR UPWARD MOBILITY

A. Quantity DIETARY DEPARTMENT (lab)

1. Standardized recipes
2. Food preparation.
3. Bakery.
4. Meat cutting.
5. Receiving and storing.

B. Advanced Supervision

1. Supervisory techniques.
2. Decision making.
3. Laws governing labor practice.
4. Motivation.
5. On the job training.
6. Organizing, scheduling.

Inservice Training for Upward Mobility

Class Outline

- I. Orientation
- II. Sanitary Food Service
- III. Safety
- IV. Equipment Selection and Maintenance
- V. General Principles of Supervision
- VI. Understanding Patients
- VII. Basic Elements of Nutrition and Dietary Treatment of Disease.
- VIII. Quantity Food Preparation or Advanced Supervision (according to interest and ability)

APPENDIX B

RESULTS OF QUESTIONNAIRES

- A. Quantity Foods (Lecture and lab)
 1. Standardized recipes
 2. Food preparation.
 3. Bakery.
 4. Meat cutting.
 5. Receiving and storing.

- B. Advanced Supervision
 1. Supervisory techniques.
 2. Decision making.
 3. Laws governing labor practice.
 4. Motivation.
 5. On the job training.
 6. Organizing, scheduling.

QUESTIONNAIRE RETURNED BY 25 SUPERVISORY PERSONNEL

1. What type of supervisory training have you been given?

- A. Formal classroom training 20-yes; 15-no
- B. On-the-job training 20-yes; 3-no
- C. Conferences 20-yes; 9-no
- D. None 1-yes

2. How long did this training last?

- 2 weeks- 2
- 6 weeks- 4
- 3 months- 1
- 6 months- 2
- 2 years- 14
- continuous- 1
- did not respond- 1

APPENDIX E

RESULTS OF QUESTIONNAIRES

3. Please indicate whether or not you have received training in the following areas:

	YES	NO
a. Purpose and organizational structure of ELSH Complex	(33)	(6)
b. Review of ELSH Personnel policies	(36)	(3)
c. Purpose of job descriptions	(37)	(2)
d. Orientation to the union resolution	(27)	(12)
e. Writing employee service reports	(27)	(2)
f. Employee grievance and discipline	(33)	(6)
g. Employee counseling	(24)	(5)
h. Fundamentals and techniques of supervision	(31)	(8)
i. Motivating employees	(31)	(8)
j. Understanding the mentally ill patient	(31)	(8)
k. Effective communication	(33)	(6)

4. Do you feel that your training prepared you to adequately perform your job?

Yes (35) No (1) Did not respond (3)

If your answer to the above is no, please specifically list those subjects which you feel should have been included in your training.

Refresher courses in management and supervision- 1

QUESTIONNAIRE RETURNED BY 39 SUPERVISORY PERSONNEL

1. What type of supervisory training have you been given?

- A. Formal classroom training 24-yes; 15-no
- B. On-the-job training 36-yes; 3- no
- C. Conferences 30-yes; 9- no
- D. None 1- yes

2. How long did this training last?

- 2 weeks- 2
- 6 weeks- 4
- 3 months- 1
- 6 months- 2
- 2 years- 14
- continuous- 1
- did not respond- 15

3. Please indicate whether or not you have received training in the following areas:

	YES	NO
a. Purpose and organizational structure of SLSH Complex	(33)	(6)
b. Review of SLSH Personnel policies	(36)	(3)
c. Purpose of job descriptions	(37)	(2)
d. Orientation to the union resolution	(27)	(12)
e. Writing employee service reports	(37)	(2)
f. Employee grievance and discipline	(33)	(6)
g. Employee counseling	(34)	(5)
h. Fundamentals and techniques of supervision	(31)	(8)
i. Motivating employees	(31)	(8)
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k. Effective communication	(33)	(6)

4. Do you feel that your training prepared you to adequately perform your job?

Yes (35) No (1) Did not respond (3)

If your answer to the above is no, please specifically list those subjects which you feel should have been included in your training.

Refresher courses in management and supervision- 1

5. Give specific suggestions or criticisms of your training not covered in your previous questions or comments.

Need training in dealing with the union and employees- 1

6. How long have you been in your present position?

1-5 years- 13

6-10 years- 14

10 years and over- 7

Did not respond- 5

7. State one area in which you would like to have training in the future.

Orientation to the union resolution- 2

Employee Grievance and discipline- 2

Keeping us up to date on new developments- 2

Motivating employees- 3

Fundamentals and techniques of supervision- 2

Writing employee service reports- 5

Communication- 4

Disaster training- 1

Handling mentally retarded children- 1

Planning and record keeping- 1

Did not respond- 16

LABOR TURNOVER REPORT
of Hospitals in
the St. Louis area
Jan. 1, 1973-Jan. 31, 1974

MONTH	Number of Hospitals Reporting (%)	*Labor Turnover Rate %	
		Average Total	SLSH
January	21 (49 %)	2.21	1.96
February	23 (53 %)	2.2	1.5
March	22 (51 %)	2.3	1.8
April	25 (58 %)	2.3	1.6
May	18 (42 %)	2.6	2.3
June	21 (49 %)	3.3	3.4
July	23 APPENDIX F	3.1	2.6
August	21 (49 %)	4.4	2.0
September	LABOR TURNOVER REPORT	2.73	2.9
October	18 (42 %)	2.8	1.4
November	19 (44 %)	2.2	1.4
December	19 (44 %)	2.0	1.25
January, 1974	20 (47 %)	2.0	1.7

* includes both full time and part time employees

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July	23 (53 %)	3.1		2.6
August	21 (49 %)	4.4		2.0
September	22 (52 %)	2.73		2.9
October	18 (42 %)	2.8		1.4
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ABSTRACT

AN EVALUATION OF SUPERVISORY TRAINING PROGRAMS AT ST. LOUIS STATE HOSPITAL COMPLEX AT ST. LOUIS, MISSOURI

A Problem-solving Thesis Submitted to the Faculty of Baylor
University in Partial Fulfillment of the Require-
ments for the Degree of
Master of Hospital Administration

by

Captain Karen E. Fridlund, AMSC

August 1975

72 pages

A copy of this document may be obtained from University
Microfilms, University of Michigan, Ann Arbor, Michigan, 48108.

The problem was to evaluate existing supervisory training programs and to recommend any methods of improvement necessary to assure training effectiveness at St. Louis State Hospital Complex, St. Louis, Missouri. Evaluation was limited to four departments in the hospital; Nursing, Dietary, Maintenance and Housekeeping.

The research methods used were interviews with key personnel, direct observation, review of current supervisory training programs, questionnaires directed to supervisory personnel, review of turnover rates as a possible indicator of training effectiveness or noneffectiveness, and literature review.

The study concluded that hospital training programs for supervisory personnel in the four departments studied were fragmented and decentralized. There is no hospital-wide philosophy of training nor training objectives articulated to the staff either verbally or in writing. Results of the questionnaires indicated a desire on the part of supervisory personnel for a continuing education program in supervisory skills. Turnover was discounted as a factor indicative of training effectiveness or noneffectiveness.

Principle recommendations included establishment of a central training committee to assess training needs, establish central hospital-wide philosophy, goals and objectives of training, and to coordinate ongoing training programs.