3-1966

Evaluation of an Inservice Training Program for Psychiatric Attendants

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EVALUATION OF AN INSERVICE TRAINING PROGRAM FOR PSYCHIATRIC ATTENDANTS

by

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A Thesis submitted to the
Faculty of the School of Graduate
Studies in partial fulfillment
of the
Degree of Master of Arts

Western Michigan University
Kalamazoo, Michigan
March 1966

ACKNOWLEDGEMENTS

The investigator wishes to express his sincere appreciation to Dr. F. Fatzinger, who served as chairman of the committee, to Dr. S. Kuffel and Dr. J. Asher for their helpful suggestions throughout the course of this investigation.

Acknowledgement is made also to Dr. C. M. Schrier, Medical Superintendent, Kalamazoo State Hospital, for the use of hospital records and to the members of the staff who gave so generously of their time.

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INTRODUCTION

From the time that hospitals were established to care for the mentally ill, a shortage of professional personnel has existed. To a limited extent this shortage has been partially alleviated by the use of non-professional psychiatric help (attendants, aides, nursing assistants, technicians) with varying amounts of training and responsibilities. For over fifty years a continuous effort has been made to improve the quality and quantity of care given to the mental patients in both private and public mental hospitals (Robinson, 1964). Following World War II, increased emphasis has been placed on the training and status of the attendant engaged in the care of the mentally ill (A Project In Pre-Service Psychiatric Aide Education, 1960). A limited number of lectures in descriptive psychiatry were considered adequate for the professional nurse two decades ago (Hall, Gangemi, Norris, Vail, & Sawatsky, 1952). Today specialty programs at the Master's degree level are available, and Doctoral programs are being developed specifically for professional nurses

caring for mental patients (National League for Nursing, 1965).

Psychiatric attendants, with a wide range of qualifications and competencies, have the most frequent contacts with the mental patient and are responsible for the major portion of such patient's care. The training and professional improvement of this group constitutes a significant problem in most mental institutions today. Interest in improving the preparation of this vitally important group of nursing personnel has not been lacking. The quality and quantity of preparation of the professional nurse and of the attendant has increased in recent years. Basic diploma programs for professional nurses have evolved from the training programs for attendants in many state hospitals. However, because there was a great void to be filled, the programs for the attendant have continued to be offered. Today few mental hospitals conduct a school of nursing, but most have an inservice training program, of some sort, for their attendants.

The need for recognition of the psychiatric attendant has long been cited by far-sighted leaders (Robinson, 1964). The function of the attendant is not only caring for the basic physical needs of the mentally disturbed patients, but also participation in a program of therapy.

The presence of inefficient or inadequate psychiatric attendants places a great burden on psychiatric institutions today. Inefficient attendants are costly in terms of money, supervision and replacement.

A study of the characteristics of the psychiatric attendant conducted by the National Institute of Mental Health in 1963 indicates "...an approximate 25% turnover in one year." It costs the state of Michigan over $600 to replace and train one attendant at the institution where this present study was conducted, and this amount does not include the cost of instructional staff and materials. Of greater importance is the fact that the inefficient attendant is not only unable to participate adequately in a therapeutic program but may actually be hindrance to the recovery of the patient.

The method used in most inservice training programs has been lectures and demonstrations, with a minimum of supervised demonstrations in the classroom by the attendant trainee and very little or no supervised practice in the clinical area. It has long been recognized in industrial situations that the best way to make a trainee proficient is to have him practice the skill you want him to learn. Fryer (1956, p 97) states "A cardinal principle in training is to 'get the trainee in motion.'...The trainee must acquire as part of his

own behavior the important sights, sounds, feelings and movements which go into doing the job correctly." Planty, McCord, and Efferson (1948, p 138) support this belief in their statement "experience has proven beyond question that a person must perform any act in which he wishes to become proficient." In another discussion of training, Ghiselli and Brown (1955, p 394) point out that "for a large proportion of tasks considerable amounts of practice are required to reach an acceptable level of effectiveness in performance." In the report of the conference on Inservice Training of Mental Health Personnel conducted by the Michigan Department of Mental Health (Sage and Martin, 1963), there is repeated reference to the need of having the trainee do what he is supposed to be learning to do.

Almost from the beginning, nursing education programs for the professional nurse have used supervised clinical experience as a part of their training programs. It was, and still is, believed that the best way to become proficient in the skills needed in nursing was to practice these skills. Heidgerken (1946, p 6) states "one of the most important learning situations in nursing education is the nursing situation." In her most recent edition of this text (1965), she still maintains this concept. Muse (1950, p 413) concurs

with Heidgerken with her statement "...Increasingly, clinical instruction is being recognized as the very core of the educational program in schools of nursing." Although schools of nursing have long recognized the importance of clinical instruction and experience, there still is an absence of this type of experience in most training programs for the psychiatric attendant who performs the bulk of the nursing care of the patients in mental hospitals.

In recent years a number of programs have been developed to increase the proficiency of the attendant nurse in psychiatric hospitals. In Michigan, a pilot program was undertaken at Wayne State University, in the mid-1950's, in pre-service psychiatric attendant education. This program utilized the clinical facilities of the Northville (Michigan) State Hospital for the clinical experience to develop the competencies outlined in the planned objectives (Project In Pre-Service Psychiatric Aide Education, 1960).

In Minnesota, another project of this same type was conducted. In setting up this program, which extended over a 62 week period with a minimum of 619 hours of classroom instruction, 1236 hours of supervised clinical practice time was included. The greatest amount of practice time, 653 hours, was devoted to

the nursing aspects of the physically ill (Practical Psychiatric Nursing, 1962). Also, during this same period of time, still another type of program in psychiatric attendant training was conducted at Boston (Massachusetts) State Hospital. The program was designed with the emphasis on learning through doing (Vaughn, Teitelbaum, and Kumpan, 1962). This group felt that on-the-job type of training might be more successful since most didactic programs, in their opinion, had not proven to be so.

In the institution where the present study was conducted (Kalamazoo State Hospital), training programs for psychiatric attendants have been conducted since shortly after the hospital's beginning in 1859. During this period of over 100 years, there have been many programs, with many innovations, all directed at giving better patient care.

In the fall of 1961 the inservice training programs in the state hospitals in Michigan were being revised. The amount of training was being increased from 96 hours of didactic material to 150 hours. A change from descriptive to dynamic psychiatric concepts was being implemented, and considerably more emphasis was placed on the therapeutic role of the psychiatric attendant, as opposed to the custodial role. The re-

vised programs covered both fundamentals of general nursing, with emphasis on the psychiatric patient, and fundamentals of psychiatric nursing. The classes at the Kalamazoo State Hospital were conducted by the attendant nurse instructor (a Registered Nurse who is also the investigator of the study). A few lectures on specific psychiatric illnesses were presented by doctors of the staff of the hospital.

On the basis of the studies reported and in consideration of the goal of achieving "better" training within state hospitals, it was hypothesized that the program at the Kalamazoo State Hospital could be improved by implementing a form of "clinical experience" into the training program for attendant nurses.

By the fall of 1961, the amount of didactic material presented had been increased to 150 hours and in November, 1962, an innovation was presented to the nursing staff and the administration of the hospital. It had been the custom for the attendant participating in the training program to be assigned to a regular work station in the hospital when not in the classroom. These work assignments were anywhere on one of the 60 different wards in 21 different buildings in the hospital. The attendant was also assigned, by custom, to one of 22 different nursing supervisors (10 R.N. and

12 attendant supervisors).

The innovation presented consisted of having the attendant who was in the training program being assigned to the instructor for his clinical assignment while he was receiving his training in fundamentals of general nursing. While assigned to the instructor, all attendant trainees would receive experience on the same wards. Three male and three female wards were selected to be used (in rotation) for clinical experience in the training program. The wards selected (admission and intensive treatment, geriatric, and acute medical-surgical) presented an opportunity for the attendant trainees to have similar clinical experiences and to practice in the clinical setting, under supervision, the skills that were being taught in the classroom. This was the only change; both groups had the same instructor, the same didactic material, and the same examinations. This proposal was accepted and implemented in January, 1963.

By the fall of 1964, nursing staff members were indicating that the revised training program with selected supervised clinical experience was producing a more proficient attendant. The optimism expressed by these people led to the hypothesis of this study that attendant trainees who are provided similar selected

clinical experiences with supervision will be more proficient in fulfilling their role as psychiatric attendants in a therapeutic setting.

METHOD

Subjects. By the spring of 1964, a total of 131 psychiatric attendants had completed the 150 hour in-service training program at the Kalamazoo State Hospital under the same instructor. The first 80 attendants completed the program without the selected supervised clinical experience and they were considered the control group. Another 51 attendants completed the same 150 hour program with selected supervised clinical experience and these were considered the experimental group.

There were many similarities between, and within, both groups. All had indicated an interest in working with mental patients by virtue of their seeking and obtaining employment at this institution; all had met the minimum requirements for Civil Service employment in the classification of Attendant Nurse B; and all had taken and passed (i.e. received a Civil Service score of 70 or better) the standardized test used by Michigan Civil Service for this class. Another similarity of the two groups was the sex ratio. The control group contained 23 females (31.37%) and the experimental group contained 16 females (28.75%). From observations of the instructor (investigator) the groups were sim-

ilar in socio-economic and educational background and age range. These data, from their personnel records, were not available for use in this study.

Apparatus and Materials. The Aide Performance Evaluation Scale (APEV Scale) (Ellsworth, Butler, Ernst, and Gurel, 1962) was employed to determine the level of proficiency of the psychiatric attendants in this study (see Appendix A). The APEV Scale was developed in 1958 by a group of psychologists and nursing educators working at the Veteran's Administration Hospital in Salt Lake City, Utah (Ellsworth, et al., 1958) based on work originally undertaken at another V. A. Hospital by Gurel and Morgan in 1958. Since that time, the APEV Scale has been adopted by a number of V. A. Hospitals as the official attendant rating scale (Mulaik and Dobson, 1964). In reports of various studies of attendant training, the APEV Scale appears with some frequency, and, in a search for a standardized scale to use in determining the level of proficiency of the attendant, it appeared to be the scale of choice.

The APEV Scale rates each person in four distinct areas, giving four sub-scores and a Total Job Performance Score. The four areas measured are (1) Attitude Toward Supervision (ATS). A high score indicates that the attendant-supervisor relationship is such that the

attendant accepts suggestions, changes in assignments, and so on. A low score is indicative of an attendant who is argumentative, questioning and defensive in his relationship to the supervisor; (2) High Level Skills (HLS). A high score indicates that the attendant makes good suggestions, makes very few mistakes, is dependable in an emergency situation, has good mechanical (equipment) skills, and is able to get other attendants to follow his suggestions and example. A low score indicates few of these qualities; (3) Motivation (M). A high score indicates an interested, alert person who wastes little time on the job, completes his assignments quickly, and is able to follow directions well. A low score indicates that the attendant reads or otherwise wastes time on the job, puts off doing things until later, and misunderstands directions; (4) Empathy (E). A high scoring attendant is one who is concerned about and interested in the patient's welfare, establishes a kind of relationship with both patients and personnel which results in their seeing him as someone to go to for help. A low score indicates an inability or an unwillingness to develop this kind of relationship with others, and occurs when the attendant is perceived as somewhat unapproachable. By adding the scores of the four sub-groups (ATS, HLS, M, and E) the Total

Job Performance Score (TJPS) is obtained, ranging from a low of 24 to a high of 96.

A factor analytic study conducted by Mulaik and Dobson (1964) showed that the APEV Scale items apply to the performance of psychiatric attendants "with discriminability." The 24 items are grouped into four clusters of items, each cluster containing six items. Within each of the clusters, the items are highly intercorrelated. However, their correlations with items in other clusters is minimal. In another study by Ellsworth, et al. (1962) the APEV Scale was found to typically have a high intra-rater reliability of about .90 when the nurse supervising the attendant rated him, but this was not so when rated by persons having little contact with him.

Procedure. An APEV Scale for each attendant in the study was given to the supervisor to whom the attendant was assigned at the completion of the four week period of training in the fundamentals of general nursing. This was done in December, 1964. Each supervisor was given the same instructions verbally and in writing. They were told only that this was part of a study being conducted by the investigator as a part of his work at Western Michigan University and to use as a basis for their evaluations the period when each employee com-

pleted his first section (four week period) of inservice training. They were requested to try not to let his performance at some later date influence their judgement. The supervisors were very cooperative and a 100% return of the forms was achieved with a minimum of follow-up. The supervisors utilized their anecdotal notes and Civil Service Ratings as well as their own recollections to complete the APEV Scale forms.

The APEV Scales were scored and grouped as control or experimental and male or female. The control group contained 80 attendants - 23 female and 57 male. The experimental group contained 51 attendants - 16 female and 35 male.

RESULTS

The hypothesis of this study was that the trainees in the attendant training program with selected supervised experience would be more proficient employees than those who had random clinical experience while in the training program. The mean scores obtained on the APEV Scale and length of employment are presented in Table 1. An analysis of variance (F-test) was employed to determine if there was a significant difference between the control group and the experimental group. This same procedure was also employed to test the female subjects of each group versus the male subjects of the same group (i.e. female control subjects versus male control subjects). The female control subjects were also tested against the female experimental subjects as were the male control and male experimental subjects. All four sub-areas (Attitude towards Supervision, High Level Skills, Motivation, and Empathy) as well as Total Job Performance scores were compared.

Five F scores were obtained for each of the four sub-areas on the APEV Scale and five for the Total Job Performance Score (see Table 2). Of the 25 F-tests computed, only one (total control versus total experimental groups) was significant at the .05 level. This can

Table 1

Scores Obtained on the APEV Scale and Length of Service of the Control and Experimental Subjects

	ATS	HLS	M	E	TJPS	Months of Service
Control Subjects						
Female - N = 23						
Range	7-24	8-20	8-21	9-24	38-88	18-55
Mean	16.09	14.78	14.61	15.13	60.79	40.31
Male - N = 57						
Range	6-24	9-22	6-24	6-22	27-88	12-57
Mean	17.35	15.32	15.86	15.33	63.86	34.64
Total - N = 80						
Range	6-24	8-22	6-24	6-24	27-88	12-57
Mean	16.99	15.16	15.50	15.28	62.93	36.30
Experimental Subjects						
Female - N = 16						
Range	11-23	9-19	8-21	9-20	38-84	16-44
Mean	16.12	13.63	14.94	15.19	59.88	26.19
Male N = 35						
Range	8-24	7-21	9-22	7-21	37-85	8-48
Mean	16.49	14.03	15.23	14.11	59.86	23.63
Total - N = 51						
Range	8-24	7-21	8-22	7-21	37-85	8-48
Mean	16.37	13.90	15.14	14.84	59.86	24.47

Table 2

Summary of Analysis of Variance (F-test)
of APEV Scale Scores of
Control and Experimental Subjects

	ATS	HLS	M	E	TJPS
Female Subjects					
Control N = 23 Experimental N = 16	.006	1.109	.052	.002	.028
Male Subjects					
Control N = 57 Experimental N = 35	.735	3.580	.051	2.478	1.813
Total Subjects					
Control N = 80 Experimental N = 51	.519	5.915*	.224	1.585	1.495
Experimental Subjects					
Male N = 35 Female N = 16	.007	.013	.006	.930	.000
Control Subjects					
Male N = 57 Female N = 23	1.084	.044	1.307	.005	.795

* F .95 (1,129) = 3.92

be disregarded since there were over 20 computations made that were not significant, and the probability of some one of them being significant by chance alone is near one.

The number of subjects who remained employed over 18 months was determined for all groups, and the chi square test was applied to determine if there was a significant relationship between the type of training (technique) employed and length of employment. The time was set at 18 months to allow the inclusion of all of the attendants in the study, as some were employed only 18 months prior to the date when the data were obtained, September 1, 1965. Five chi squares were obtained using the two by two table comparing those who remained 18 months or less with those who remained more than 18 months. No significant relationship was found to exist at the .05 level of confidence (see Table 3).

Table 3

Comparison of Number of Subjects Remaining Employed Over 18 Months in Control and Experimental Groups

	Number 18 mo. or less	Number Over 18 mo.	Chi Square*
Control Subjects			
Female -	1	22	.725
Male -	8	49	
Experimental Subjects			
Female -	2	14	1.608
Male -	10	25	
Female Subjects			
Control -	1	22	.108
Experimental -	2	14	
Male Subjects			
Control -	8	49	2.905
Experimental-	10	25	
Total Subjects			
Control -	9	71	3.439
Experimental-	12	39	

* df = 1; .05 level of significance = 3.841

DISCUSSION

The population used in this study included all newly employed psychiatric attendants at the Kalamazoo State Hospital over a two and one half year period (i.e. those who remained long enough to complete the inservice training program). The subjects approximate the average newly employed psychiatric attendant at this particular institution in respect to age distribution, sex, socio-economic background and education. No selective sampling bias, other than date of employment, was evident in the assignment to the experimental and control conditions.

All of the subjects were rated by the person supervising them at the time they completed the portion of the training program being studied. The use of the APEV Scale, to determine the level of proficiency of the psychiatric attendant being rated, requires comparing him with older more experience attendants. As a result of this comparison the scores were in the lower levels of proficiency (i.e. "average" or "low average") in all areas when compared with the score norms reported by Ellsworth, et al. (1962) based on 460 attendants in three Veteran's Administration Hospitals. Of the subjects used in Ellsworth's 1962 study, seven percent

had been employed under one year and 17 percent had been designated as Senior or Charge attendants; whereas all of the subjects in this study, when rated, had been employed under one year (and many under six months) and none of them was classified higher than beginning attendant.

The data from these ratings were statistically evaluated by means of the analysis of variance technique. The results of the analysis of 25 comparisons indicate that there were no significant differences between the groups tested, except in the area of High Level Skills when the total control group was compared with the total experimental group. This comparison was significant at the .05 level in the opposite direction from the hypothesis. This significance can be disregarded since in doing over 20 F-tests at the .05 level, this was the only one that proved to be significant, and this could occur on the basis of chance with this number of tests. On the basis of these findings, the hypothesis, that the experimental group would be more proficient, must be rejected.

Since the findings of this study do not support the proposed hypothesis, it is appropriate to inquire as to why, especially since there were many indications that the change in training technique employed should

have produced a more proficient attendant.

Support for this hypothesis was given by Heidgerken (1942, p 6; 1965, p 534) and Muse (1950) and the formal studies conducted at Topeka (Kansas) State Hospital by the Menninger School (Hall, et al., 1952), the Project In Pre-Service Psychiatric Aide Education (1960) conducted by Wayne State University, and the Practical Psychiatric Nursing project conducted in Minnesota (1962), all of which referred to the importance of clinical experience in learning and developing proficiency in the skills of nursing. Planty (1948), Fryer (1956), and Ghiselli (1955) all emphasized the importance of practice in doing a job in order to develop an acceptable level of proficiency.

All of the subjects in this study were rated by the person supervising them at the time they completed the portion of the training program being studied. As noted previously, the supervisors were comparing these new attendants with older, more experienced and established attendants. They were also supplying data that would hopefully be used to support a change that they (the supervisors) had only superficially accepted. Although they had not been informed of the purpose of the study, some supervisors indicated that they had been able to see the purpose of the study based on the rat-

ing form (APEV Scale) and the subjects. It is suggested by the investigator that the supervisors tended to rate the experimental subjects lower than they actually were and the control subjects higher, perhaps in an unconscious effort to support the status quo. This suggestion is based on the fact that in discussions with the supervisors it had been indicated that the experimental group was more proficient, yet the APEV Scale ratings do not support this conclusion.

The experimental subjects in this study received "supervised" clinical experience in similar situations. However, the quality and quantity of the "supervision" was variable. It was anticipated that a Registered Nurse would supervise the attendant trainee in the clinical situation, but for many reasons (i.e. other responsibilities, shift rotation, illness, "lack of interest", and so on) the "supervision" was often performed by those less formally qualified. In some instances the individual doing the "supervising" was an attendant who himself had only recently completed the inservice training program. A proposal has since been made and implemented to have "clinical instructors" (R.N.'s) assigned to the nursing education staff to supervise the attendant trainee in the clinical area.

Time is another factor to be considered. The sub-

jects used in this study were rated by supervisors who were supervising them for periods ranging from six months to three and one-half years prior to the rating time. Some of these supervisors were still supervising the subjects--many were not, for various reasons (i.e. transferred to other work areas or other hospitals, resignations, dismissals, and so on). If these same subjects had been rated at the time when they completed the training period studied, it is believed that there could have been more accurate ratings.

Although Ellsworth, et al. (1962) found a high percentage of agreement between the APEV Scale ratings and supervisors perceptions of attendant performance and also found high intra-rater reliability of .90, possibly for this group of supervisors the use of the APEV Scale was not the best tool to use to measure the proficiency of psychiatric attendants. It is also suggested that had the instructor been someone else, the level of proficiency of the subjects might have been higher.

The number of subjects who remained employed over 18 months was determined for all groups, and the chi square test was applied to determine if there was a significant relationship between the type of training received by the attendant and length of employment. The time was set at 18 months to allow the inclusion of all

of the subjects in the study, as some were employed only 18 months prior to the date when the data was collected. Of the five chi squares computed, there were no significant relationships noted. This finding does not support a hypothesis that the change in training technique used in this study would have a significant relationship to the length of employment. This is not too surprising since there was a need for most of the subjects to be employed and the lack of provisions for terminating the employment of the attendant trainee for poor performance in the training program. Another point to consider is the attendant who did well in the program and remained employed. These persons usually did well due to the effort expended by them. The attendant who did well and left employment voluntarily, did so to take a better paying job or, as in the case of some of the female employees, because of pregnancy. Of the 16 females in the experimental group--two left in less than 18 months, and four others (three because of pregnancy) left before the study was completed. Over one-fourth of the male subjects in the experimental group left employment in 18 months or less. Four of these were inducted into the armed services and four transferred to other institutions within the state. Another one-fourth left before the study was completed.

Four of these transferred to another state agency and two were inducted into the armed services. When we look at the control group, there was only one female subject who left in less than 18 months (to take another job), but six others left before the completion of the study--three because of pregnancy and two transferred to other state agencies. Eight of the 57 male control subjects left in 18 months or less--one left to go to school (X-Ray technician), two transferred to other state agencies, and one was inducted into the armed services. There was a total of 29 other male subjects who left employment before the study was completed. Eight of these transferred to other state agencies, two were dismissed and 19 left for "better" jobs. Examination of the APEV Scale scores of those subjects who left employment showed that they represented the full range of scores in this study.

SUMMARY

This study was conducted to explore the hypothesis that attendant trainees who have had similar selected supervised experiences while in the inservice training program will be more proficient in fulfilling their role as psychiatric attendants in a therapeutic setting, as opposed to those attendants who received random clinical experiences with a minimum of opportunity to practice under supervision what they were learning in the classroom. The Aide Performance Evaluation Scale (APEV Scale) was utilized to rate the control group of 80 attendants (23 female and 57 male) and the experimental group of 51 attendants (16 female and 35 male) in the areas of (1) Attitude Toward Supervision, (2) High Level Skills, (3) Motivation, and (4) Empathy. A Total Job Performance Score was obtained by adding these four scores together.

The data from these ratings were statistically treated by means of an analysis of variance technique. Of the 25 *F* scores obtained, only one showed a statistical significance at the .05 level, and this was discounted. When the length of employment and technique of training was examined, no statistically significant relationships were obtained.

It must be concluded from the data obtained in this study, using the APLV Scale to measure the level of proficiency of the psychiatric attendant trainee, that there was a failure to show that the change in training technique produced a more proficient attendant or had a significant relationship to the length of employment of the subjects in this study.

References

Ellsworth, R. B., Butler, Grace., Ernst, Jane., & Gurel, L. A Project in Psychiatric Aide Evaluation: The Outcome. Nursing Outlook, 1968, 6 (11), 619-621.

Ellsworth, R. B., Butler, Grace., Ernst, Jane., & Gurel, L. The APEV Scale: A Study of Aide Performance as Perceived by Nurses, Aides, and Patients. Nursing Research, 1962, 11 (1), 15-20.

Fryer, D. H., Feinberg, M. R., & Zalkind, S. S., Developing People In Industry, Principles and Methods of Training. New York: Harper, 1956.

Ghiselli, E. E., & Brown, C. W., Personnel and Industrial Psychology. New York: McGraw-Hill, 1955.

Gurel, L., & Morgan, Moiveline M. A Project in Psychiatric Aide Evaluation: The Process. Nursing Outlook, 1958, 6 (10), 590-592.

Hall, B. H., Gangemi, Mary., Norris, V. L., Vail, Vivienne H., & Sawatsky, G. Psychiatric Aide Education. New York: Grune & Stratton, 1952.

Heidgerken, Loretta E. Teaching In Schools Of Nursing, Principles and Methods. Philadelphia: Lippincott, 1946.

Heidgerken, Loretta E. Teaching In Schools Of Nursing, Principles and Methods. (3rd ed.) Philadelphia: Lippincott, 1965.

Mulaik, S. A., & Dobson, W. R. A Factor Analytic Investigation of The Aide Performance Evaluation Scale. Nursing Research, 1964, 13 (2), 167-169.

Muse, Maude B. Guiding Learning Experiences. New York: Macmillan, 1950.

National Institute of Mental Health. Highlights From Survey of Psychiatric Aides. Washington: U. S. Department of Health, Education, & Welfare, Public Health Service Publication No. 1151, April 1965.

National League for Nursing. Educational Preparation for Nursing - 1964. Nursing Outlook, 1965, 13 (9), 62-64.

Planty, E. G., McCord, W. S., & Efferson, C. A. Training Employees and Managers. New York: Ronald Press, 1948.

Practical Psychiatric Nursing, Report of a Pilot Training and Evaluation Project for Psychiatric Aides. St. Paul, Minn.: Department of Public Welfare, 1962.

A Project In Pre-Service Psychiatric Aide Education. Detroit: Coll. of Nursing, Wayne State Univer., 1960.

Robinson, Alice M. The Psychiatric Aide. (3rd ed.) Philadelphia: Lippincott, 1964.

Sage, R. B., & Martin, W. R. D. (Ed.). Proceedings For Conference On Inservice Training of Mental Health Personnel, Region V. Lansing: Michigan Department of Mental Health, 1963.

Vaughn, R. M., Teitelbaum, S., & Kumpan, Helen. A Research Project in Psychiatric Aide Training. Am. J. Psychiat., 1962, 119 (9), 555-559.

Appendix A

THE APEV SCALE

Name_____

Directions: Check the number under each question that is most descriptive of this attendant (aide). Check all items.

---

1. Does he admit his mistakes when you ask him about them?

4	3	2	1
Always	Almost always	Usually	Sometimes

2. Do his co-workers, in comparison with other aides, take his suggestions, follow his example, etc.?

1	2	3	4
Have little regard	Somewhat less than most	Somewhat more than most	Much more than most

3. When you talk with this aide, does he seem cool, disinterested, or indifferent?

4	3	2	1
Never	Almost never	Sometimes	Usually

4. Do patients seem to come to him with their requests for comfort items? (Cigarettes, extra blanket, adjusting pillows, etc.)

1	2	3	4
Rarely	Sometimes	Fairly often	Usually

5. Does he complain when changes of assignment are made?

4	3	2	1
Never	Almost never	Sometimes	Often

6. Does he make mistakes?

1	2	3	4
Fairly often	Sometimes	Rarely	Almost never

7. Does he read or waste too much time talking to other personnel?

4	3	2	1
Never	Almost never	Sometimes	Often

8. Has this aide reported to you slight improvements in very sick patients?

1	2	3	4
Rarely	Sometimes	Fairly often	Almost always

9. When you point out an error to him, does he resent it?

4	3	2	1
Never	Rarely	Occasionally	Frequently

10. Have other aides said to you that they would like to work with him? (Don't use "Haven't said" if you have heard any report at all)

1	2	3	4
Don't want to	Haven't said	Occasionally said want to	Frequently said want to

11. When you enter the ward, is he sometimes doing something other than being engaged with the patients or performing a job? (such as reading, just sitting, socializing with another aide, etc.?

4	3	2	1
Never	Almost never	Occasionally	Fairly often

12. If you were a patient who had disturbing personal problems, would you find it easy, compared with most aides, to talk with this aide about them?

1	2	3	4
Difficult to talk with	About average	Somewhat easier than most	Extremely easy to talk with

13. When you criticize him for something that has gone wrong with his assignment, does he try to excuse why it isn't his fault?

4	3	2	1
Never	Rarely	Sometimes	Often

14. If an emergency arose, would he wait to be told what to do?

1	2	3	4
Would usually wait	Might wait	Probably would not wait	Never wait

15. Have you known him to put off doing something until later, when he could have done it at the time?

4	3	2	1
Never	Rarely	Seldom	Occasionally

16. If you were a shy, fearful patient who wanted a toothbrush, fresh water, deck of cards, etc., would you, in comparison to other aides, ask this aide for them?

1	2	3	4
Would reluctantly ask	Would frequently ask	Would almost always ask	Would always ask

17. When you notify him that a change in procedure is to be made, does he seem critical of it, or other, wise resentful?

4	3	2	1
Never	Rarely	Seldom	Sometimes

18. In the performance of mechanical skills (bed making, setting up equipment, etc.) this aide, in comparison with most aides is:

1	2	3	4
Less skilled than most	Above average skill	Somewhat more skilled	Much more skilled

19. Have you known him to misunderstand instructions or directions?

4	3	2	1
Never	Rarely	Seldom	Occasionally

20. Do aides come to him with their problems, either personal or work, in comparison to other aides?

1	2	3	4
Less often than ~~most~~	As often as most	Somewhat more often than most	More often than most

21. When you point out one of his mistakes to him, does he admit it only after an argument, or prolonged discussion?

4	3	2	1
Never	Almost never	Rarely	Sometimes

22. Does he make suggestions which are useful?

1	2	3	4
Very rarely	Occasionally	Frequently	Very frequently

23. When you tell him once to do something, is that enough to insure that the job will be done?

4	3	2	1
Always	Almost always	Usually	Less often than average

24. Do patients talk to him more often than they do to most other aides?

1	2	3	4
Somewhat less	About the same	Somewhat more	Much more

DO NOT MARK BELOW THIS LINE

ATS	HLS	M	E
1.____	2.____	3.____	4.____
5.____	6.____	7.____	8.____
9.____	10.____	11.____	12.____
13.____	14.____	15.____	16.____
17.____	18.____	19.____	20.____
21.____	22.____	23.____	24.____
Sum_____	_____	_____	_____

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TJPS_____