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VOLUME II

AN APPENDIX TO

VOLUME 1

A STUDY OF INDIVIDUAL AND ORGANIZATIONAL VARIABLES

IN RELATION TO CHARGE NURSE BEHAVIOUR

A Supplement to the thesis presented in partial fulfilment
of the requirements for the degree of Doctor of Philosophy
in Psychology at Massey University

Nancy J. Kinross

1981

In this volume, supplementary information relating to the research study presented in Volume 1, has been collected together in a series of appendices. These have been grouped together under descriptive headings, and follow the sequence of the material presented in the first volume of this research study.

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APPENDIX ONE

A summary of a pilot study

APPENDIX 1

PILOT STUDY, ALPHA HOSPITAL

All the inventories devised for the Beta/Delta study were pretested at Alpha Hospital four weeks before they were used in the main research. On the basis of this pretesting, no changes were made in the nursing organization inventory but categories and instructions were clarified and changed in the biographical inventory.

The nursing incidents used in the training programme at Beta Hospital were first experimented with at Alpha Hospital. Some of these were first developed in video feedback sessions with the Alpha charge nurses. Fifteen such incidents were then developed into a nursing problems test. The final ten incidents were selected on the basis of their cognitive idea generativity after three judges had completed a content analysis of the incidents.

The charge nurses from Alpha Hospital also cooperated in allowing the researcher to experiment with the analysis of Kardex items and the treatment sheet score (refer Section Two, Volume 1, p152).

APPENDIX TWO

A Supplement to Section Two

(Volume 1)

This supplement contains information about the initial approaches of the researcher to the organizations; information about the hospitals; and facsimiles of the inventories used for data collection.

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APPENDIX A

Department of Psychology

7th September, 1976.

Ms
Chief Nursing Officer,
Hospital Board,

Dear Ms.

Further to our informal discussions, I now wish to make formal application to undertake the research for my PhD thesis requirement at Beta Hospital. I have attached herewith a copy of the outline of my proposal which includes a timetable for my research. As you will see, I hope to pay a planning visit on Wednesday, September 15th. On that occasion it will only be necessary for me to plan the details of the programme with you and the Principal Nurse, should she consent to the study being undertaken. It may also be useful for me to become familiar with the physical layout of the hospital.

As you know, it is important that the details of the project are not known to the participants, or the hospital staff in general. If you agree, it should be sufficient if staff are informed that I am interested in studying the work of nursing staff in a large public hospital and in looking at the relationship between staff training and the work they do.

I hope that it will be possible for me to undertake this project as I believe it could be important not only to Beta Hospital, but to the development of nursing service in New Zealand.

Thank you for your co-operation in this matter.

Yours sincerely,

Nancy J. Kinross,
Senior Lecturer-in-Charge,
Nursing Studies Unit.

Encl.

APPENDIX B1

RESEARCH PROPOSAL

Objectives: To examine and measure the relationships between the structural and training components of a hospital organisation and specific aspects of the work that charge nurses do.

Researcher: Ms. Nancy Kinross, R.G.N., R.M.N., B.A. (Cantuar) M.S. (Berkeley), Senior Lecturer in Charge, Nursing Studies Unit, Massey University.

Purpose of the Research:

In partial fulfilment of the requirement for the degree of Ph.D. in psychology. In addition, the findings from the research should be useful both to the hospital and to nursing service in general. Nursing is an important and expensive part of the health service in New Zealand. As yet, there is little evidence that variations in structural, training, or individual factors in nursing have a measurable effect on the quantity or quality of practice.

DESIGN OF THE RESEARCH

Introduction

In order to obtain the data required for this project, it will be necessary for the researcher to observe and measure the characteristics of a hospital organisation and of the nurses who work in it.

Location

Beta Hospital has been chosen as a suitable location because of the size of the hospital and the number of staff available within one administration.

Sample

It is proposed that all nurses working in charge positions should be included in the sample.

N = 45

Outline of Phases in the Programme of Research:

Phase I Orientation of the researcher. This phase will include a visit to the hospital to discuss planning on Wednesday, September, 15th. At this time visits could

be made to one example of the three basic types of ward areas to be studied.

- a) medical
- b) surgical
- c) obstetric

- Phase II An examination of the structure and functioning of the organisation.
September 23rd, 24th, 25th and 26th.
- Phase III Administration of biographical and attitude tests to sample of 45 charge nurses.
Week of October, 11th.
- Phase IV First staff training programme (20-22 charge nurses).
Group A.
October 18th-22nd.
- Phase V Administration of tests etc. to Group A nurses -
October 27th.
Observation of organisation - October 28th and 29th.
- Phase VI Second staff training programme (20-22 charge nurses)
Group B.
November 1st-5th.
- Phase VII Administration of tests etc. to Group B nurses -
November 10th.
Observation of organisation - November 11th and 12th.
- Phase VIII Observation of organisation December 15th, 16th, 17th
and further testing Groups A and B.
- Phase IX Subsequent visits at 3-4 weekly intervals to observe
the organisation for the next 5 months.
- Note: It may be necessary to use Delta Hospital as a pilot
area to test certain aspects of this design.

APPENDIX B2

PROGRAMME FOR RESEARCH

	Beta Gr. II	Beta Gr. I	Delta	Weeks
Sep 13	1 day	Orientation of the researcher Introduction of the project		1
20	1 day	"	"	2
27			Introduction and orientation	3
Oct 4				4
11 18 18	Nursing Audit	Nursing Audit	Nursing Audit	5
25				6
Nov 1	Testing Nursing Audit	Testing Nursing Audit	Testing Nursing Audit	7
8		Inservice Training Programme		8
15	Testing Nursing Audit	Testing Nursing Audit	Nursing Audit	9
22	Inservice Training Programme			10
26	Testing Nursing Audit	Nursing Audit	Nursing Audit	11
Dec 6				12
13				13
20	Testing Nursing Audit	Testing Nursing Audit	Testing Nursing Audit	14
27				15
Jan 3				16
10	Nursing Audit	Nursing Audit	Nursing Audit	17
17				18
24				19
31	Nursing Audit	Nursing Audit	Nursing Audit	20
				21

	Beta Gr. II	Beta Gr. I	Delta	
<u>Feb</u>				<u>Weeks</u>
<u>7</u>				<u>22</u>
14				23
<u>May</u>				24

APPENDIX B3

AMENDED PROGRAMME FOR RESEARCH

Phase I:

- Wed 15 Sept. Orientation of the researcher. Planning and programming discussions held with the Principal Nurse and Chief Nursing Officer. Project introduced to the charge nurses. Initial discussion with Principal Nurse, Delta Hospital.
- 23-26 Sept. Beta Hospital - observation nursing administration office. Dates of programme put back two weeks because of prior commitments of hospital. Visits to (1) obstetric (1) paediatric (1) medical and (1) surgical ward.

Phase II:

- 11-15 Oct. Organisational audit (nursing) Delta and Beta Hospitals.

Phase III:

- Mon 1 Nov. Organisational audit and testing Delta Hospital.
Tue 2 Nov. Organisational audit and testing Beta Hospital.

Phase IV:

- 8-12 Nov. Inservice programme Ward Charges A.

Phase V:

- Mon 15 Nov. Organisational audit Delta Hospital.
Tue 16 Nov. Organisational audit Beta Hospital.
Ward Charges.

Phase VI:

- 22-26 Nov. Inservice programme: Ward Charges (B).
Mon 29 Nov. Organisational audit Delta Hospital.
Tue 30 Nov. Organisational audit and testing Beta Hospital.

Phase VII:

- Mon 20 Dec. Organisational audit Beta Hospital.
Tue 21 Dec. Testing Ward Charges.
Wed 22 Dec. Testing and audit Delta Hospital.
Mon 10 Jan. Audit Beta Hospital.
Tue 11 Jan. Audit Delta Hospital.

and thereafter at three week intervals until May, 1977.

APPENDIX B4

INFORMATION TO STAFF (BETA HOSPITAL)

Ms. Nancy Kinross, Nursing Studies Unit, Massey University, is studying the work of nursing staff. She will be visiting Beta Hospital at intervals over the next few months and may come to your ward or department. Two inservice education programmes for Ward Charges will be held while she is here.

Programme:

Wednesday	15 September	Orientation
Thursday	23 September	
Sunday	to 26 September	Beta Hospital.
Monday	11 October	
Friday	to 15 October	Beta Hospital.
Monday	1 November	Beta Hospital.
Tuesday	2 November	3 p.m. meeting, Ward Charges
Monday	8 November	
Friday	to 12 November	Inservice programme: Ward Charges (A)
Monday	15 November	Beta Hospital.
Tuesday	16 November	3 p.m. meeting, Ward Charges
Monday	22 November	
Friday	to 26 November	Inservice Programme: Ward Charges (B)
Monday	29 November	Beta Hospital.
Tuesday	30 November	3 p.m. meeting, Ward Charges
Monday	20 December	Beta Hospital.
Tuesday	21 December	3 p.m. meeting, Ward Charges
Monday	10 January	Beta Hospital.

and thereafter every 3 weeks until May, 1977.

Note: A copy given to all supervisors and Ward Charges, Beta Hospital.

APPENDIX B5

15th October 1976

INFORMATION TO STAFF (DELTA HOSPITAL)

Ms Nancy Kinross, Nursing Studies Unit, Massey University, is studying the work of nursing staff. She will be visiting Delta Hospital at intervals over the next few months and may come to your ward or department.

Programme:

14th October	Brief introduction, Delta Hospital
4th and 5th November	Delta Hospital
Week of 6th December (1-2 days)	Delta Hospital
Week of 10th January (1-2 days)	Delta Hospital
Week of 14th February (1-2 days)	Delta Hospital

and thereafter every 3 weeks until May, 1977.

2

State type, where and when obtained

Post certificate course
(including maternity if
not part of basic
programme

Postbasic diploma

University undergraduate diploma

University undergraduate degree

Postgraduate diploma

Postgraduate degree

Other

9. PREVIOUS EMPLOYMENT

Give details of all your work experience as a qualified nurse. Include your present employment but exclude student work experience unless you undertook this as part of a second qualification.

Name of Health Agency	Category of Position Held	Area of Nursing (e.g. medical, surgical, obstetric)	Date of Employment	
			From	To

10. PRESENT EMPLOYMENT

(a) Category of position held

Supervisor

Ward Charge

Staff Nurse

(b) Length of time in present position

_____ Days Months Years

(c) Name and category of the person to whom you are directly responsible

Name

Category

11. INSERVICE EDUCATION

Give details of all the staff training programmes offered by your hospital that you have attended in the last three years. (please attach additional page if required).

Date	Length of Programme	Type of Programme

12. INSERVICE EDUCATION

Give details of all the study days and seminars (at least one day in length) that you have attended in the last three years. (Please attach additional page if required).

Date	Length of Programme	Type of Programme

13. Name any health-related organisations to which you belong (outside your working situation).

14. Name any other organisations to which you belong (outside your working situation).

15. Some common sources of new information related to nursing practice are listed below.

(a) Place a tick in Column I beside each item that you normally use.

(b) In Column 2, record the frequency of use as

VF (Very frequently, i.e. more than once weekly)

F (Frequently, i.e. more than once monthly but less than once weekly)

O (Occasionally, i.e. less than once monthly)

- (c) In Column 3, briefly record the type of information you would normally expect to get from the source.
- (d) To complete Column 4, choose the source that you consider the most important to you and rank it 1. Then proceed to rank those others you have ticked in Column 1 as 2, 3, 4, etc.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
Source (other than people)	If normally used	Frequency of use	Type of Information	Order of Importance
Workshops, seminars, study days				
Reference books				
Newspapers				
N.Z. Nursing Journal				
American Journal of Nursing				
Overseas Medical Journals				
Nursing Outlook				
N.Z. Hospital				
Nursing Mirror				
N.Z. Medical Journal				
Inservice Education Programme (state)				
Postbasic educational institutions				
Other (state)				

16. Categories of people who may act as sources of new information related to nursing practice are listed below.

- (a) Place a tick in Column 1 beside each item that you normally use.
- (b) In Column 2, record the frequency of use as
VF (Very frequently, i.e. more than once weekly)
F (Frequently, i.e. more than once monthly but less than once weekly)
O (Occasionally, i.e. less than once monthly)
- (c) In Column 3, briefly record the type of information you would normally expect to get from the source.
- (d) To complete Column 4, choose the source that you consider the most important to you and rank it 1. Then proceed to rank those others you have ticked in Column 1, as 2, 3, 4, etc.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
Source	If normally used	Frequency of use	Type of Information	Order of Importance
Chief Nursing Officer				
House Surgeon				
Assistant Principal Nurses				
Supervisor(s)				
Charge Nurses (other than yourself)				
Staff Nurses				
Medical Consultants				
Registrars				
Tutors (S of N)				
Inservice education supervisor				
Medical Superintendent				
Management Consultants				
Overseas Nursing Consultant				
Other (state)				

Name _____

WARD ANALYSIS SHEET

Ward, Unit or Department No:

Date of Visit:

1. How long have you been in this ward?
2. What changes have occurred in that time?
3. What has stayed pretty much the same?
4. How many staff have you got on duty today?
Registered:
Student:
Other:
5. What dependency are your patients today?
1 2 3 4
6. How do you organise the work in the wards?
7. Who, mostly, does rounds with the consultant doctors?
8. Do you write in the nurses' notes? If not, who does?
9. If you do not, how do you communicate your ideas to the nurses?
10. Any comments you would like to make.

APPENDIX C3

WARD ANALYSIS SHEET

Ward, Unit or Department No:

Date of Visit:

Comments:

Staffing:

Registered

Student

Other

Dependency:

NURSES' NOTES:

Date:

1.

2.

3.

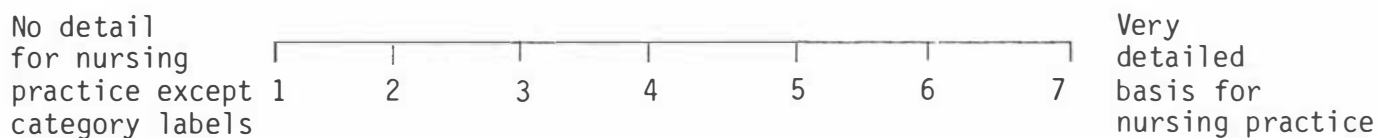
APPENDIX C5

ANALYSIS OF TEAM NURSING AS A
SPECIFIC ITEM OF INNOVATIVE
BEHAVIOUR

1. Implemented and going well.
2. Implemented but continuing with difficulty.
3. Implemented but discarded.
4. Referred to by charge nurse or deputy but never implemented.
5. Not referred to by charge nurse or deputy.
6. Rating not applicable.

APPENDIX C6

SCALE FOR ANALYSIS OF TREATMENT SHEET



1. No specific detail other than category labels such as: name, diagnosis, address, hospital number, age, sex, religion, doctor(s), and admission date.
2. Category labels plus information relating to routine delegated medical care, such as: medication, chest x-ray, physiotherapy and laboratory tests.
3. Category labels, delegated medical care, plus information relating to routine nursing care, such as: bathing, bed/ambulation, fluid balance, T.P.R.
4. Category labels, delegated medical care, routine nursing care plus information relating to specific aspects of nursing care such as: play with toddler.
5. Category labels, delegated medical care, routine nursing care, specific aspects of nursing care plus a nursing care plan for the patient.
6. Category labels, delegated medical care, routine nursing care, specific aspects of nursing care, a nursing care plan plus evidence of daily change of at least one item in the nursing care plan.
7. All the above, plus a nursing history included as part of the treatment sheet structure (or vice versa). This type of treatment sheet carries specific information on social history and patient need.

APPENDIX D1

STAFF ESTABLISHMENT
Beta Hospital

<u>Category</u>	<u>STAFF ESTABLISHMENT</u>			
	<u>Approved</u>	<u>ACTUAL</u>		
		Full time	Part time	F.T.E.
Principal Nursing officer				
Matron	1			1
Asst. Matron	2			2
Sister-in-Charge/Head Nurse				
Asst. Sister-in-Charge/ Asst. Head Nurse				
Supervisor	11			11
Ward Sister/Charge Nurse	4			4
Staff Sister/Snr Staff Nurse	78	152	75.0875	153.0875
Staff Nurse	47	3	1.2	48.20
Reg. Maternity Nurse				
Reg. Community Nurse	106	7	4.3	110.3
Reg. Karitane Nurse	1	1	0.2	1.2
Total Qualified Staff	250	163	80.78	330.7875
Snr. Asst. Nurse				
Hospital Aid	79	19	12.0125	91.0125
Total unqualified staff	79	19	12.0125	91.0125
General student	290			290
Psychiatric student				
Community student	154			154
Maternity student				
Total students	444			444
Charge/Senior Tutor	1			1
Tutor	18	9	6.5625	24.5625
Total Tutorial staff	19	9	6.5625	25.5625
Total All staff	792	191	99.3625	891.3625

APPENDIX D2

CONCEPT OF SUPERVISOR'S ROLE AT BETA HOSPITAL

1. Clinical expert: each Supervisor is responsible for wards in which one clinical aspect is predominant and the Supervisor is expected to be able to draw on an extensive background knowledge to offer advice as a clinical nurse/specialist.
2. Manager: within her allocated area the Supervisor has delegated authority to plan, control, enquire, consult, co-ordinate, educate and organise. These activities she performs at the overall group level while encouraging and not detracting from the work of the Ward Sister in these functions.
3. Organiser: she is responsible for deploying units of her section of the work force to meet changing needs on the basis of measured patient dependency ratings, and to ensure the best use of available clinical experience, and to ensure that the individual worker's competence and knowledge is in direct relationship to the volume and nature of work load. By the same token she is a conserver of nursing skills.
4. Educator: works in relationship with Ward Sisters and Department of Nursing to facilitate the teaching of students in the clinical setting, uses all opportunities to teach registered nurses in own area, participates in planning and carrying out of in-service education programmes and encourages staff to attend any relevant education sessions within the hospital and elsewhere in the community.
5. Team member: by meeting daily with her nursing administration associates for exchange of such information as is significant for the effective work of the group as a whole: only a selected portion of such information is further referred to the Matron. In weekly sessions with the Matron an enlarged group of Assistant Matrons and Supervisors meets to review, discuss and plan matters of significance in respect of the total hospital nursing service.

Team leader: by holding monthly meetings of Ward Sisters in Her/His group to ensure maximum benefit from pooled experience and to maintain uniform philosophy and even implementation of change and progress.

6. Law Enforcement Officer: knows and applies relevant Acts, Regulations, Departmental rulings and Hospital standing orders.

7. Counsellor (and comforter): over wide range of hospital personnel, especially nursing, and of patients and relatives where the situation has become too trying for ward staff to handle in the normal way.
8. Learner: the Supervisor him/herself is given opportunity and is encouraged to expand his/her clinical, professional and general education by all available means. Additionally by rotational relief of the 1st and 2nd Assistant Matrons the Supervisor is gaining expanded insight into the overall pattern of the nursing administration.
9. Trouble Shooter: by being readily available for discussion purposes she is often able to forestall complaint and trouble, but if either arises she conducts on the spot investigation of such and of all untoward incidents.
10. Environmental Developer: over and above the work of each Ward Sister within the group the Supervisor generally watches and works to see that all patient occupied and nurse working areas are as suitable, satisfactory, and attractive as possible for their purpose.
11. Area Safety Officer: consults with Hospital Safety Officer and Fire Officer.

APPENDIX D2

To meet these many aspects of her role the Supervisor will be involved in:

1. Ward Rounds: although the term is used for lack of a better - by this is meant that 4-6 hours per day is spent in the clinical scene, usually in relationship to points of heavy nursing dependency ratings, to patients and the nursing staff, medical and other professional patients and their relatives, and to ancillary and supportive lay staff.
2. Liaising with other nursing officers, other departments within the hospital, and health workers in the community.
3. Attending meetings and lectures of varying frequency and duration, both within and without the hospital scene.
4. Interviewing.
5. Fact finding and reporting.

APPENDIX D3

JOB ANALYSIS

Sister-In-ChargeI.T.U. and ACUTE POST-OPERATIVE
SURGICAL WARD

Responsible to: Principal Nursing Officer, for

- a) Knowing:
Nursing employment regulations, Acts and Regulations,
Hospital Policies.
- b) Management:
Co-ordination of Services affecting Patient care, staff nursing,
Medical staff, relatives, visitors, maintenance and ancillary
staff.
Overseeing hygiene of Unit
Overseeing maintenance of sufficient and efficient equipment
and supplies.
Ensuring all nursing staff function within their legal bounds.
Attending staff meetings.

Delegation of responsibility and authority to the Staff Sister/
Staff Male Nurse in charge of the Post Operative Ward.
Receiving daily reports from this nurse and meeting him/her
weekly to discuss any problems or policies.
- c) Education:
Own: Extra mural studies. Professional knowledge.
Junior R.N.'s Release for In-service programme
Encourage in extra mural studies
Planned clinical teaching session
On the job education
- d) Evaluation:
Of on going education
programmes
Of standard of
nursing care
- e) Liaison:
Surgical Supervisor
Attendants,
Manager (Administration)
Stores
Engineers etc.
Vacuum Cleaning Company
Admissions

Operating Theatre
Medical Records
Physiotherapists
Speech therapist (possibly)
Medical Gas Dept.

- f) Channels of Communication:
Through Surgical Supervisor to Principal Nursing Officer -
or directly to P.N.O. Directly to Supervisor in Charge
of registered staff.
- g) Clerical:
- i. Overseeing clerical staff for accuracy in:
 - charts
 - requisitions
 - dependency ratings
 - daily bed state
 - ii. Directly responsible for
 - Kardex
 - Drug Registers
 - Ward reports
 - iii. Any other matter which is essential to nurse.
- h) TO MAKE MEMBERS OF STAFF AVAILABLE IN TIME OF NEED IF UNIT
IS QUIET.

APPENDIX D4

BETA HOSPITAL

BLOCK SUPERVISORJob Description

Title: Supervising Sister - Surgical Wards, Beta Hospital.

Requirements:

- (a) Professional: Registered General Nurse and Registered Maternity Nurse or Registered Psychiatric Nurse. Diploma of Nursing (N.Z.) or its equivalent.
- (b) Clinical: A minimum of two years recent experience as a Ward Sister in General Surgical Wards together with a sound knowledge of Otolaryngology - Ophthalmology - Plastic Surgery - Cardio-vascular Surgery and Intensive Care Nursing.

Functions:

- (i) To ensure the highest possible degree of nursing care to all patients in the aboved named area of nursing.
- (ii) To be fully conversant with all the surgical specialties and to be prepared to give considered and expert specialised advice on nursing care.
- (iii) To be fully conversant with all Acts, Regulations, and Hospital Policies related to patient care, nurse education programmes (clinical) scope of nursing responsibilities and limitations.
- (iv) To hold weekly group meetings with the Surgical Ward Sisters to discuss and solve problems common to all.
- (v) To attend the weekly meeting of Supervisors held by the Matron to discuss problems not resolved at the Ward Sisters' group meeting and any other problem which may be unexpected and un-resolvable.
- (vi) To report to the Second Assistant Matron each day on:
 - (a) The patient-nurse dependency ratings.
 - (b) The staffing of each ward.
 - (c) The seriously ill, the number of patients on intravenous therapy.
 - (d) The number of patients requiring additives to the intravenous infusions.
 - (e) The number of "Booked Admissions".
 - (f) The number of patients going to the Operating Rooms and the proposed Surgery involved.
 - (g) The number of Patients for discharge.
 - (h) The emergency admission days.

- (vii) To assist individual Ward Sisters to solve immediate administrative problems.
- (viii) To be sympathetic to, rather than critical of any mismanagement or misjudgement.

AUTHORITY. Every Nurse Supervisor carries the full authority of the Matron and bears the responsibility of accountability for his/her actions to the Matron. The Nurse Supervisor can be assured of the full support of the Matron where any error is made in good faith but not in deliberate defiance or ignorance of legal requirements.

BETA HOSPITAL

JOB DESCRIPTIONCharge Nurse / Male Charge Nurse

Responsible to the Principal Nurse, Beta Hospital through the appointed Supervisor for:

The highest degree of direct nursing care and service to the patients under his/her supervision.

The supervision and direction of all categories of nurse working in the ward.

Determining and being responsible for the quality of nursing care rendered to the patients.

Completing nursing student assessment forms in the presence of the individual nurse concerned together with the relevant clinical tutor.

Ensuring that Staff Nurses are delegated and effect such responsibilities in respect of direct patient care for which they become 'team leaders'.

Ensuring that any principle taught in the Department of Nursing Education is adhered to and that no individual Charge Nurses preference is imposed on the students or graduates from Beta Hospital without consultation and agreement with the Charge Tutor.

Ensuring that each nurse member of the Ward Staff knows his/her place in the team and how to function effectively.

Knowing and enforcing the Nurses legal responsibilities in respect of:

- (a) Nurses' Registration Regulation
- (b) Nurses' Employment Regulation
- (c) Narcotics Act and Regulations
- (d) Hospital Act and Regulations
- (e) Health Act and Regulations
- (f) Hospital Policies related to Nursing Practice

Attending the Charge and Departmental Sisters' Meeting held by the Principal Nurse.

Attending In-Service programmes as arranged.

Furthering own education in professional and general matters.

Ensuring that the allocated nursing staff is distributed evenly on each day of the week when compiling the duty roster.

Ensuring a safe environment for patients and staff.

Co-operating and communicating with the Supervising staff who are the Principal Nurse's delegated nursing officers with full responsibility, authority and accountability.

Knows the Philosophy and Objectives of Nursing Service and formulates goals of nursing service within this framework.

Hours of Duty: 0800 hours - 1630 hours

APPENDIX D6

BETA HOSPITAL

JOB DESCRIPTIONHospital Aids (Nursing Administration)

Responsible to Nurse in Charge of the Ward for:

1. Assisting with: Bedmaking,
Sponging, bathing or showering of patients.
Changing soiled attire,
Feeding patients,
Giving out morning and afternoon teas when
Dietary Assistants not available,
Serving of Suppers
Giving bedpans/urinals (Measuring and recording
contents),
Walking patients,
Greeting visitors and being helpful
Clearing lockers of urinals and any other
unhygienic materials,
Attending to all flowers,
Supervision of general ward tidiness,
Admission of patients and close care of
their property,
Sluice Room duties.
2. Reporting anything that appears to be abnormal.
3. Attending own in-service programme each week.
4. Attending regularly on duty as rostered.
5. Acting as a reliable member of the Nursing Team.

APPENDIX E1

DELTA HOSPITAL

Nursing Services Committee

Terms of Reference

Within the framework of Hospital Board and Health Department policies the Nursing Services Committee:

1. Receives information and submissions on matters affecting nursing services.
2. Sets up sub-committees, as it considers necessary, to study and advise on major concerns related to nursing services, e.g.
 - manpower planning and staff allocation;
 - nursing practices and procedures including plans to meet emergency situations;
 - evaluation of patient care;
 - staff appraisal and development;
 - staff welfare.
3. Co-opts such personnel, with special knowledge and skills, as it needs, for the work of its sub-committees.
4. Considers the submissions of its sub-committees, defines and recommends policies for nursing services to the Principal Nurse.
5. Keeps nursing and other personnel informed of matters affecting nursing services.
6. Promotes the undertaking of studies as a basis for improving nursing practice and encourages the publication of the results of such studies.

January 1976

DELTA HOSPITAL - NURSING SERVICE

OBJECTIVES FOR 1976

Nursing Administration

1. To define duties and areas of responsibility for Assistant Matrons and Day Supervisors.
2. To complete job descriptions for all supervising N/staff, ward and departmental sisters.
3. To evaluate the work load in clinical areas in order to set realistic N/staff establishments for all categories of staff.
4. To develop a workable filing system for N/staff records and directives with the assistance of the clerical staff.

Nursing Service

1. To introduce a system of planned individual care by using the patient assignment method in the general ward areas.
2. To develop a nursing service policy for the storage and admin. of all medicines and drugs kept in clinical areas. This with the assistance of the N/Service/Committee.
3. To introduce an improved kardex system for reporting on patient's progress, including the use of N/care plans.
4. To formulate N/care plans to meet emergency situations in liaison with the Officer-in-Charge of "Disaster Planning".

Nursing Education

1. To encourage supervisors, ward/departmental sisters to undertake some Admin. training by:
 - (1) arranging study/visits to Beta Hospital.
 - (2) arranging a 2 day workshop Delta Hospital.
2. To increase the Reg. N/Staff establishment in specialised areas e.g. Ob.U., A & E, Intensive Care and C.C.U. in order that students allocated to these areas for clinical experience are

supernumary to the N/staff work force e.g. they are given student status.

Staff Welfare

1. To investigate ways of improving changing room/locker facilities for living out N/staff.

APPENDIX E3

DELTA HOSPITAL

PHILOSOPHY OF NURSING SERVICE

1. The community to which the Nursing Service is ultimately responsible has a right to expect effective nursing care to be provided for those of its members who become patients in this hospital. We recognise the worth of each individual, regardless of his background, and believe that he should receive nursing care designed to meet his specific needs - physical, mental, emotional and spiritual. We also believe that each patient's autonomy should be preserved in illness, insofar as he is able to exercise it.
2. As the member of the health team having the broadest function and most continuous contact with the patient, we believe that the nurse is in a unique position to act as advocate for the patient. This means that, in addition to giving care, the nurse observes and interprets different facets of the patient's condition for other members of the health team, and in turn communicates the objectives of the team to the patient.
3. With the proviso that the safety and welfare of our patients is the first priority, the Nursing Service should co-operate with agencies responsible for the basic education of nurses by providing the necessary clinical experience. We recognise that the quality of basic nursing education is one of the most important factors influencing the quality of nursing care.
4. The Nursing Service also accepts responsibility for the education and welfare of its qualified staff. We believe that to function effectively, nurses need planned orientation to their positions, clear job descriptions, opportunities to develop professionally, assistance with evaluating and improving their performance, and access to such counselling and health services as they may require.
5. We believe that we are responsible for improving the quality of our service to the community by collecting data, trying out and evaluating new methods of planning and giving nursing care, and by freely sharing information which will help others to improve the total health care services.

January 1976

DELTA HOSPITAL

JOB DESCRIPTION

- Title: Second Assistant Matron
- Hours: 40 hours per week (over 5 days) and within the hours of 7.30 a.m. and 4.30 p.m.
- Salary: Grade 16 in accordance with Hospital Regulations (Nurses').
- Responsible to: Matron - Delta Hospital.
- Reports to: Matron.
- Qualifications: Registered Nurse (General).
Diploma of Nursing or equivalent.
Post basic experience in a teaching hospital, at Ward Sister/Supervisor level.
Personal qualities suitable for good leadership.
- Job Summary: The work involves deputising for the Matron or the First Assistant Matron as necessary; the general management of the Wards/Units within her area; acting as consultant; maintaining and developing optimum levels of nursing care within her area through the principles of management.
- Special Responsibilities: Allocation and rostering nursing staff (Delta Hospital); liaising with Supervisor (Domestic).
- Knowledge of:
1. Nurses' Act (1971) and amendments.
 2. Hospital Employment (Nurses') Regulations.
 3. Obstetric Regulations (1975).
 4. Narcotics Act (1975) and Regulations.
 5. Hospital Board and local hospital policies.
 6. Student Nurses' Curricula -
 - (i) General
 - (ii) Community.
 7. Health Department directives relating to nursing practice.
- Functions:
1. Guides Ward Sisters in planning, implementing nursing care by:
 - (a) Maintaining planned individual care by the patient assignment method.
 - (b) Examining and defining the daily routine of care.
 - (c) Evaluating nursing procedures.

- (d) Defining and eliminating non-nursing duties.
 - (e) Ensuring that established communication systems are maintained.
2. Evaluates nursing care by:
 - (a) Assessing nursing records.
 - (b) Initiating patient interview systems.
 - (c) Consulting with allied health groups and community services.
 3. Evaluates nursing care plans by:
 - (a) Ensuring individual care is planned for patients.
 - (b) Assisting in planning care for those patients requiring complex nursing.
 - (c) Visiting patients in her area daily.
 4. Serves as a resource person by:
 - (a) Being available to sisters and other staff to help solve nursing care problems - (holding group meetings of Ward Sisters in her area).
 - (b) Co-ordinating nursing care with care given by doctors and other health groups.
 5. Plans for the effective utilisation of staff by:
 - (a) Recommending desirable staff establishment, using levels of nursing skill appropriate to patient requirements.
 - (b) Assessing the adequacy of afternoon staffing in her area.
 - (c) Controlling overtime and leave (including annual leave) of the staff.
 - (d) Conserving nursing skills for nursing activities.
 6. Ensures all staff are evaluated regularly as required.
 7. Initiates planned in-service and staff development programmes in liaison with the members of the In-Service Education Committee.
 - (a) Recognising staff training needs.
 - (b) Assisting in clinical teaching of all nursing staff in her area.
 - (c) Ensuring staff participate in other appropriate staff training programmes.
 8. Maintaining her own professional education by planning an active programme for herself.
 9. Setting and maintaining professional standards of conduct and dress.
 10. Recognises staff welfare needs by:

- (a) Observing levels of staff health and referring to Health Clinic when appropriate.
 - (b) Providing support and guidance to individual nurses when necessary.
11. Maintains a co-operative liaison and ensures good relationship with medical staff, nursing staff in other areas, staff in Hospital departments and community services.
 12. Creates and maintains a favourable relationship with the public.
 13. Checks dangerous drugs in her area weekly with the Ward Sister and investigates errors in drug administration and missing drugs.
 14. Undertakes any other duties as delegated by the Matron.
 15. Supervisory ward rounds to be conducted by Ward Sister giving information on:
 - (a) Seriously ill and/or dying patients.
 - (b) Number on intravenous therapy.
 - (c) Number in (b) above, requiring additives.
 - (d) Any possible legal complications.
 - (e) Number for Theatre - major and minor and whether relatives notified or any special request for non-notification of relatives.
 - (f) Any lost property.
 - (g) Any thefts - if reported to Police.
 - (h) Any ward equipment in need of repair and not attended to.
 - (i) Any nursing defects noted.
 - (j) Any other fact which causes detriment to patient care or hinders efficient nursing management.

Any complaints from patients, patients' relatives, nursing staff, medical staff or ancillary staff.

Danger or trouble areas in any ward, i.e. rude or abusive patients or alcohol on premises.

Where no solution or an unsatisfactory conclusion is reached on any problem, to report either verbally or in writing to the Matron.

Special Responsibilities include:

1. Rostering and arranging the clinical experience for nursing students in liaison with the Charge Tutor according to the requirements of the General and Community Nursing curricula.
2. Rostering the Registered Nurses, Registered Community Nurses and Hospital Aids - General Wards and Departments.
3. Arranging annual leave for nursing students as well as other nursing staff in the supervising area.
4. Overall coverage of duties due to sickness or absenteeism.

Authority:

The Second Assistant Matron is delegated the full authority of the Matron and carries the responsibility and accountability for her own decisions.

January 1976

DELTA HOSPITAL

JOB DESCRIPTION

- Title: Area Supervisor - Nursing Service.
- Hours: 40 hours per week (over 5 days) and within the hours of 7.30 a.m. and 4.30 p.m.
- Salary: Grade 15 in accordance with Hospital Regulations (Nurses).
- Responsible to: Matron - Delta Hospital.
- Reports to: Matron.
- Qualifications: Registered Nurse (General).
Diploma of Nursing or equivalent.
Post basic experience in a teaching hospital.
Personal qualities suitable for good leadership.
- Job Summary: The work involves the general management of the Wards/Units within her area; acting as consultant, maintaining and developing optimum levels of nursing care within her area through the principles of management.
- Special Responsibilities: Nursing staff health.
- Knowledge of:
1. Nurses' Act (1971) and amendments.
 2. Obstetric Regulations (1975).
 3. Hospital Employment (Nurses') Regulations.
 4. Narcotic Act (1965) and Regulations.
 5. Hospital Board and local hospital policies.
 6. Student Nurses' Curricula -
 - (i) General
 - (ii) Community.
 7. Health Department directives relating to nursing practice.

Functions:

1. Guides Ward Sisters in planning, implementing nursing care by:-
 - (a) Maintaining planned individual care by the patient assignment method.
 - (b) Examining and defining the daily routine of care.
 - (c) Evaluating nursing procedures.
 - (d) Defining and eliminating non-nursing duties.
 - (e) Ensuring that established communication systems are maintained.

2. Evaluates nursing care by:-
 - (a) Assessing nursing records.
 - (b) Initiating patient interview systems.
 - (c) Consulting with allied health groups and community services.
3. Evaluates nursing care plans by:-
 - (a) Ensuring individual care is planned for patients.
 - (b) Assisting in planning care for those patients requiring complex nursing.
 - (c) Visiting patients in her area daily.
4. Serves as a resource person by:-
 - (a) Being available to sisters and other staff to help solve nursing care problems - (Holding group meetings of Ward Sisters in her area).
 - (b) Co-ordinating nursing care with care given by doctors and other health groups.
5. Plans for the effective utilisation of staff by:-
 - (a) Recommending desirable staff establishment, using levels of nursing skill appropriate to patient requirements.
 - (b) Assessing the adequacy of afternoon staffing in her area.
 - (c) Controlling overtime and leave (including annual leave) of the staff.
 - (d) Conserving nursing skills for nursing activities.
6. Ensures all staff are evaluated regularly as required.
7. Initiates planned in-service and staff development programmes in liaison with the members of the In-Service Education Committee.
 - (a) Recognising staff training needs.
 - (b) Assisting in clinical teaching of all nursing staff in her area.
 - (c) Ensuring staff participate in other appropriate staff training programmes.
8. Maintaining her own professional education by planning an active programme for herself.
9. Setting and maintaining professional standards of conduct and dress.
10. Recognises staff welfare needs by:-
 - (a) Observing levels of staff health and referring to Health Clinic when appropriate.
 - (b) Providing support and guidance to individual nurses when necessary.

11. Maintains a co-operative liaison and ensures good relationship with medical staff, nursing staff in other areas, staff in Hospital departments and community services.
12. Creates and maintains a favourable relationship with the public.
13. Checks dangerous drugs in her area weekly with the Ward Sister and investigates errors in drug administration and missing drugs.
14. Undertakes any other duties as delegated by the Matron.
15. Supervisory ward rounds to be conducted by Ward Sister giving information on:-
 - (a) Seriously ill and/or dying patients.
 - (b) Number on intravenous therapy.
 - (c) Number in (b) above, requiring additives.
 - (d) Any possible legal complications.
 - (e) Number for Theatre - major and minor and whether relatives notified or any special request for non-notification of relatives.
 - (f) Any lost property.
 - (g) Any thefts - if reported to Police.
 - (h) Any ward equipment in need of repair and not attended to.
 - (i) Any nursing defects noted.
 - (j) Any other fact which causes detriment to patient care or hinders efficient nursing management.

Any complaints from patients, patients' relatives, nursing staff, Medical staff or ancillary staff.

Danger or trouble areas in any ward, i.e. rude or abusive patients or alcohol on premises.

Where no solution or an unsatisfactory conclusion is reached on any problem, to report either verbally or in writing to the Matron.

Authority:

The Area Supervisor is delegated the full authority of the Matron and carries the responsibility and accountability for her own decisions.

Special Responsibilities include:

- (a) Supervising and co-ordinating matters of health, reporting through correct channels, instituting medical instructions and maintenance of relevant records in relation to nursing staff.
- (b) Tactful observation of staff who seek treatment, especially nursing students under pressure of examinations and adjustment; counselling and teaching of preventive health.

- (c)
 - (i) Health records of nursing staff at the Delta Hospital.
 - (ii) Reporting and follow-up of accidents, acute illnesses-operations, ailing staff.
 - (iii) Special situations -
 - T.B. contacts follow up.
 - Entitlement to special maternity leave, under the Board's policy.
 - Workers' Compensation forms.
 - Accident forms.
 - (iv) Liaison with Supervisor - Nursing allocation.
 - List of sick nurses to duty office - in some instances, special items necessary where state of health affects ability to work.
- (d) Reporting to Matron, or Deputy, particulars in connection with Nursing Staff, including matters of a private and urgent nature concerning staff members.

Liaison with:

- Ward Sisters of hospitalised staff.
- Supervisor, Accident and Emergency Department.
- Nurses' Duties Supervisor.
- Staff Clerk - Delta Hospital Board Office (re salaries sick staff).
- Charge Radiographer (re routine x-rays).
- Supervisor, Staff Residence (re sick staff in residence).
- Hospital Chaplain and other Ministers of Religion.

Preventive Health:

- Interview and lecture oncoming nursing students.
- Annual routine chest x-rays for nursing staff.
- Immunisation Therapy programme.
- Routine for staff nursing Tuberculosis patients - positive Tuberculin test or scar check after B.C.G. and clear x-ray report.

STAFF ESTABLISHMENT
Delta Hospital

STAFF ESTABLISHMENT					
Category	Approved	ACTUAL			
		Full time	Part time	F.T.E.	Total
Principal Nurse	1				1
Assistant Principal Nurse	1				1
Nurse-In-Charge/Head Nurse	1				1
Assistant Nurse-In-Charge					
Supervisor	6	1		.65	6.65
Charge Nurse	21				21
Staff Nurse	51	58		32.9900	83.9900
Reg. Maternity Nurse			5	3.3	3.3
Reg. Community Nurse	57	5		3.0875	60.0875
Karitane Nurse					
Total qualified staff	138	69		40.0275	178.0275
Snr Assistant Nurse					
Hospital Aid	27	8		5.675	
Total Ancillary Staff	27	8		5.675	32.675
General student	105				
Psychiatric student					
Community student	31				
Midwifery student					
Maternity student	8				
Total students	144				144
Charge/senior tutor.	1				
Tutor	6				
Total Tutorial staff	7				7
Total All Staff	316	77		45.7025	361.7025

APPENDIX F1

TERMS RELEVANT TO TEAM NURSING CONCEPT

- Nursing Team : Two or more nursing personnel who plan and work together under the guidance of a nursing leader, to provide patient centred nursing care.
- Team Leader : An experienced nurse who assumes responsibility for the nursing care of a group of patients assigned to her team. She plans, directs, co-ordinates, supervises and evaluates the care given by team members to the patients assigned to the team. She is responsible to the Ward Sister for providing optimum nursing care.
- Team Conference : An informal discussion by team members which is organised by the team leader. The primary purpose is to provide an opportunity for team members to plan and evaluate the care they have given and to use a problem-solving approach to nursing care. The Conference is group centred and each team member is encouraged to participate and contribute. Secondary purposes of a conference are to consider nursing management in general, new treatments or discuss broader aspects of patient care with other members of the health team.
- Team Report : The team meeting at the beginning of the duty when the team leader reads the report and ensures that each team member is familiar with her responsibilities and the care she is to give her patients.
- Team Plan : A prepared form which indicates the team members and allocation of patients as well as the non-nursing tasks assigned to team members. It is prepared the previous day and amended if circumstances dictate a change. The team plan is displayed so that it is readily accessible to all staff.
- Accountability : When a nurse assumes responsibility for nursing care she becomes accountable for the standard of care that she gives and for her actions.

- Nursing Care Plan : A plan for care for the patient which is based on his/her needs. It is flexible and amended to meet his/her changing needs and nursing dependence. The form of nursing care plan varies from a simple to a complex form.
- Patient Centred Care : Nursing care which is planned to meet the individual needs of the patient.
- Comprehensive Patient Care : Care planned for the patient which takes into account his/her individuality and recognises his/her relationship to his/her family and community and the dependence on all members of the health team to provide care which will meet his/her physical, emotional, social and spiritual needs.
- Functional Assignment : A form of nursing care which is centred on tasks rather than the patient.
- Non-Nursing Tasks : To ensure effectiveness in giving nursing care, the environment and facilities must be maintained efficiently. Nurses have a responsibility for supervision and maintenance of working areas and supplies.
- Nursing Care Conference : A conference organised by the Ward Sister or Team Leader at which general aspects of nursing care are discussed. Standards and deficiencies of care can be evaluated and appropriate action planned and effected.

GUIDE LINES FOR TEAM NURSING

Team nursing is a means by which the highest possible standard of patient care is achieved.

The ward personnel are organised into small work groups (teams) with a registered or senior nurse as leader of a group. The Ward Sister delegates to the team leader the responsibility for planning a programme of nursing care for a group of patients and for guiding and directing the members of the team in carrying out their assignment.

The team, as a group, works together, plans together, learns together and confers together.

Team Nursing

- Is individualised, patient-centred care.
- Utilises the abilities of each team member.
- Provides for close guidance and supervision of all nursing care by a registered or senior nurse who is team leader.
- Implements patient-centred care by the daily team conference.

We believe that the patient is the centre and focus of all activity, and it is the responsibility of the nurse to meet his/her nursing needs. The nurse who performs at optimum level is the one who gains satisfaction in her work and is entitled to this reward, therefore every opportunity should be provided for her to enjoy it.

By organising the ward staff in teams, registered nurses and senior student nurses are provided with motivation to leadership roles and to the development of creative ability. The delegation of responsibility to team leaders provides opportunity to plan work to be done to meet the learning needs of student nurses and other members of the team and to give closer supervision and guidance. Opportunity to learn, to develop skills and abilities and to participate in group conferences, should result in satisfaction in one's work.

RESPONSIBILITIES OF WARD SISTER

The Ward Sister

- co-ordinates the Administrative and nursing activities of the Ward
- plans allocation of patients to rooms
- maintains effective communication with team leaders
- is aware of patients' needs, condition and progress
- acts as resource person when problems arise that are unable to be handled by team leader
- reports on patients and nursing care to the Supervising Sister
- plans allocation of staff to teams in consultation with team leaders
- provides for staffing needs over the twenty-four hour period
- evaluates the quality of nursing care provided by each member of the nursing staff
- attends Doctor's round with Team Leader
- attends Team Conference when possible and assists team members with solutions to problems.
- conducts a nursing care conference weekly with the purpose of improving patient care
- encourages the highest standard of nursing care
- plans and implements an orientation programme for all staff assigned to the Ward in consultation with I.E.S.S.
- plans and carries out a teaching programme for nursing students and hospital aides in consultation with Principal Tutor and I.E.S.S.
- encourages registered staff to use every opportunity for teaching
- encourages the development of registered staff both professionally and clinically

- observes and reports the health of nurses and reports accidents or injuries to staff and patients
- is responsible to the Matron and Medical Superintendent for the care of all patients in the Ward
- assists the Ward Sister in evaluating the performance of team members
- recognises and accepts the contribution made by each team member
- is responsible for the Kardex report but encourages team members to write reports of their own patients when appropriate
- ensures that patients have adequate explanation of procedures and processes and that follow-up care is organised
- ensures that non-nursing tasks and responsibilities allocated to team members are efficiently executed.

APPENDIX F4

RESPONSIBILITIES OF TEAM LEADER

The Team Leader

- maintains effective communication with the Ward Sister and team members in all matters relating to nursing care
- plans with her team members the care of patients assigned to the team
- assists team members to identify the nursing needs of patients and determine priorities of care
- co-ordinates activities with other team leaders to ensure that team members understand need for interaction with other teams
- assigns patients to team members in consultation with Ward Sister and amends assignment to provide for new admissions, critically ill patients or change in team membership
- directs and supervises the members of the team in carrying out nursing care and ensures that each team member is fully conversant with, and competent to carry out the care of assigned patients
- visits each patient assigned to the team as frequently as necessary
- attends Doctor's round
- is readily available to team members for consultation and assistance
- participates in direct patient care taking into account the need to be available to team members
- conducts a team report to clarify assignments
- plans a team conference
- acts as leader for the conference but encourages team members to participate and contribute
- encourages team members to report individually on care of patients

- works with the team to identify and interpret nursing problems and seeks the co-operation of team members in planning to meet the individual needs of patients
- maintains a high standard of nursing care
- plans and designates times for tea and meal breaks and co-operates with other team leader to ensure that the care of patients will not be deficient with absence of staff
- ensures that team members are aware of the team leader's expectations of them
- fosters increased personal satisfaction, professional development and clinical competence of team members
- is accountable to the Ward Sister for the care of patients assigned to her team
- assists the Ward Sister in evaluating the performance of team members
- recognises and accepts the contribution made by each team member
- is responsible for the Kardex report but encourages team members to write reports of their own patients when appropriate
- ensures that patients have adequate explanation of procedures and processes and that follow up care is organised
- ensures that non nursing tasks and responsibilities allocated to team members are efficiently executed.

APPENDIX F5

RESPONSIBILITIES OF TEAM MEMBERS

The Team Member

- develops an awareness of the needs of assigned patients and determines priorities of care
- plans and carries out the nursing care of patient's assigned to her
- seeks help and guidance from the team leader and more senior team members when necessary
- is accountable to the Team Leader for the nursing care of patients assigned to her.
- works with other members of the team to effect improvement in nursing care
- attends conference and participates in discussion
- reports to Team Leader on the care of her patients
- makes use of learning experiences to improve nursing care and her clinical competence
- maintains optimum standard of nursing care
- writes Kardex report of her patients when appropriate.

APPENDIX THREE

A Supplement to Section Three (Volume 1).

This Supplement contains additional information in relation to the processing of data and the results reported in Volume 1.

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APPENDIX G

CODE FOR CONTENT ANALYSIS OF RECORD OF OBSERVER'S VISITS TO

WARD/UNIT/DEPARTMENT

(Categorization by theme)

<u>Task</u> (a)	Category Definition	Code
	patient dependency, work load score	a1
	nursing care plans, patient history	a2
	patient treatments	a3
	philosophy and/or objectives	a4
	administration (hosp/ward/unit/dept)	a5
	includes assessment of staff, and ward rounds.	
	research, trial, survey, study, development	a6
	ward meeting, staff meeting	a7
	record keeping, reporting, kardex/nurses notes	a8
	decision making, responsibility	a9
	analysis of work	a10
	reading, theory, as basis for practice	a11
	staff training, teaching, committee, conference	a12
	patient requests, meal service, patient activity, personal service	a13
	communication: staff/staff, staff/patient, patient/patient	a14
<u>Structure</u> (b)		
	ward/unit/dept. medical staffing	b1
	ward/unit non-medical staffing	b2
	patient distribution and movement	b3
	charge nurse/ deputy charge nurse duties	b4
	hospital/other units in hospital	b5
	team nursing, patient assignment, primary nursing	b6
	charge nurse: beginning/returning/leaving	b7
	ward: closing/opening	b8
	outside hospital	b9
<u>Technology</u> (c)		
	trolleys	c1
	cleaning/infection/cross infection	c2
	tests	c3
	equipment	c4
	furnishings	c5
	drugs/diet/intravenous	c6
	safety	c7

Human (d)

medical	d1
tutor/supervisors/principal nurse/assistant principal nurse/chief nursing officer	d2
subordinates: nurses/non-nurses	d3
patients: comments about condition and other qualifying statements	d4
charge nurse, acting charge nurse and peer groups	d5
hospital and other units	d6
hospital/ward/office: climate, environment	d7
ward task level	d8
relatives/visitors	d9

Time/Date

e

Negative Change

same, not improved, no change, worse	f1
--------------------------------------	----

Positive Change

improving, change, innovation, new, new ideas	f2
---	----

Researcher Comment

g

Project Training Course

h

Researcher Emphasis

i

No Comment By Ward Charge

j

APPENDIX H1

CATEGORIES FOR CONTENT ANALYSIS OF
KARDEX ITEMS BY THEME.

(Categories adapted from Georgopoulos and Jackson (1970) and applied to scheme (Holsti, 1969), developed for the charge nurse innovation project).

1. Functional Status: any statements referring to symptoms or signs (other than vital signs) manifested by the patient, physiological dysfunctions, level of consciousness, level of severity of illness.
2. Physical Care: data about the patient's positioning, hygiene, grooming, rest and comfort, prosthetic or dental care, and other physical aspects, references to "same cares".
3. Psychosocial Care: references to the patient's emotional response, adjustment, fears or anxiety, self-concern, family or occupational and social relation, concerns with diagnosis, prognosis, therapy, rehabilitation, or post-hospital care, referral to community agencies, and other psychological and social problems.
4. Patient Progress: any statements concerning changes over time, whether positive or negative, in the patient's condition or hospitalization stage and status.
5. Patient Participation: explicit statements pertaining to patient involvement in the care process or self-care, including self-medication, attendance at classes (e.g. diabetic, antenatal).
6. Ability/Disabilities: statements of specific sensory-motor impairments and of special assistance needed by patient in connection with this, special patient skills, and/or abilities and references to deficits secondary to the patient's pathology or main reason for hospitalization.
7. Patient Preferences/Interests: individual desires, likes and dislikes, hobbies, personal preferences, and statements regarding patient acceptance or refusal on matters not directly associated with his illness.
8. Pain: all explicit and specific references to pain or its characteristics.
9. Sleep: any direct references to the patient's sleep.
10. Medications: any references to medicines or drugs (type, dose, frequency), and their prescription, supply, administration, effects, and recording (excluding intravenous additives).
11. Patient Diet: all statements regarding food or nutrition including therapeutic dietary requirements and the type, amount, and special characteristics of food, required, ordered or consumed.
12. Patient Activity: any statements concerning activity privileges or restrictions for the patient including immobilization and locomotion concerns.

13. Blood Pressure: any data pertaining to the patient's blood pressure.
14. Weight: any data concerning the patient's weight or weighing.
15. Intake and Output: specific references to the quantity of fluids taken by the patient and subsequent output, fluid restrictions, fluid balance, and medical orders, regarding fluids and their administration and recording. P.V. loss is included in this section.
16. T.P.R.: any statements concerning the patient's temperature, pulse or respiration.
17. Treatments: all explicit comments regarding specific therapies such as suctioning, dialysis, wound dressing, physiotherapy, inhalation treatment, soaks, enemas, irrigations, catheterizations, the use of special aids such as heat lamps, Stryker bed, etc.
18. Specimens: any themes concerning the collection, management, processing, and character (purpose, type, frequency, findings) of specimens obtained from patients, as well as medical instructions regarding specimens.
19. Tests and Procedures: all references to diagnostic tests (blood and urine tests, x-rays, biopsies, scans, liver function tests, etc) and related procedures, or to patient preparation for tests and procedures, whether at the bedside, the patient unit, or other parts of the hospital. Routine and special physical or technological examinations by a doctor are included here.
20. Precautions: any themes concerning isolation or other precautionary measures relating to such things as seizures, allergies or infections, antisuicidal measures, and measures against exposure to radiation or other dangers, either on the part of patients or staff.
21. Artificial Drainage Methods: all explicit themes about urinary tract drainage devices, their functioning, and their use and care. Functioning of colostomy, ileostomy and attachments. Care and functioning of tracheostomy and thoracic drainage also included.
22. Artificial Intake Methods: themes concerning any intravenous or parenteral fluids including fluids with medication additives and their administration and management. Also included are the care and functioning of nasogastric tube, subcutaneous infusion etc.

APPENDIX H2

DIFFERENTIATION OR VALUE OF THEMES

- A. Descriptive: a statement of condition not elaborated in any way.
Statements such as:
- slept well
 - satisfactory
 - good night
 - comfortable
 - sits up in bed
 - uncomplaining
 - no complaints
 - up and about
 - cheerful
 - no visitors today
 - usual self.
- B. Prescriptive: any statement which contains order or intent
e.g. "same cares".
- C. Evaluative: any statement which contains an element of judgement assessment, or decision making which elaborates the statement (may contain action) e.g. "refer to H/S" or statements related to decision making, nursing diagnosis.

APPENDIX II

Factor analysis: Facsimile of Computer Sheets

- Variable List
- Correlation Coefficients
- Factors (percentage of variance)
- Factor Pattern
- Factor Correlations
- Factor Structure

STATISTICAL PACKAGE FOR THE SOCIAL SCIENCES 03/13/80 PAGE 3

END TIME REQUIRED: 1.43 SL00H8

FACTOR VARIABLES=HURKINN2,WDRKEXN2,INSERV,INFORM,INFORMP,PATLOCAT,ADLOCAT,ADBLLOCAT,ASTLOCAT,CPI00M TO CPIFE,POITI TO POIC,EMPLDY,AWL,PHOS,POSS,FC,IS,IF,SC,IBW,IO,EN,PI,TS,IBK1,IBK2,IBK3,IBK11,IBK15,IBK17,IBK19,IBK22,IBNDESTH,IBAPREIH,IBREVIH,IBKNURST TO IBKPREDR,TYPE=PA1

STATISTICS MOIATE=CBLIGUE 2,4,6,7,8

***** FACTOR PROBLEM REQUIRES 20235 WORDS WORKSPACE *****

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1-VARIABLE LIST

VARIABLES..	LABELS..
HURKINN2	NUMBER OF JOB CHANGES SINCE QUALIFICATION NUMBER
WDRKEXN2	NUMBER OF STAFF TRAINING PROGRAMS LAST
INSERV	NUMBER OF NONPEOPLE SOURCES FOR NEW INFO
INFORM	NUMBER OF PEOPLE SOURCES FOR NEW INFORMA
PATLOCAT	ACTUAL NUMBER OF PATIENTS DURING OF VISIT
ADLOCAT	AVERAGE ADMISSIONS LOCAT MONTH OF VISIT
ADBLLOCAT	AVERAGE OCCUPIED BEDS/AT MONTH OF VISIT
ASTLOCAT	THREE YEAR REGISTERED STAFF BY LOCAT DAY
CPI00M	CPI SCORE FOR DOMINANCE
CPI0S	SCORE CAPAC
CPI0Y	CPI SCORE FOR SOCIABILITY
CPI0P	CPI SCORE FOR SOCIAL PRESENCE
CPI0A	CPI SCORE FOR SELF ACCEPTANCE
CPI0B	CPI SCORE OF WELLBEING
CPI0E	CPI SCORE SENSE OF RESPONSIBILITY
CPI0H	CPI SCORE FOR SOCIALIZATION
CPI0C	CPI SCORE FOR TOLERANCE
CPI0I	CPI SCORE OF GOOD IMPRESSION
CPI0G	CPI SCORE FOR COMMONALITY
CPI0AC	CPI SCORE ACHIEVEMENT THROUGH CONFORMANCE
CPI0AT	ACHIEVEMENT VIA INDEPENDENCE
CPI0F	CPI SCORE FOR INTELLECTUAL EFFICIENCY
CPI0Y	CPI SCORE FOR PSYCHOLOGICAL BINDER
CPI0X	CPI SCORE FOR FLEXIBILITY

CP1FE PJS SCORE FOR FEELING
 PU111 PJS SCORE LIVES IN PAST TIME INCOMPLETE
 PU112 PJS SCORE LIVES IN PRESENT
 PU113 PJS SCORE LIVES DIRECTED
 PU114 PJS SCORE INNER DIRECTED
 PU1SAV PJS SCORE SELF ACTUALIZING VALUE
 PU1SK PJS SCORE EXISTENTIALITY
 PU1PR PJS SCORE FEELING REACTIVITY
 PU1SR PJS SCORE FOR SPONTANEITY
 PU1SA PJS SCORE FOR SELF REGARD
 PU1AC PJS SCORE FOR SELF ACCEPTANCE
 PU1NC PJS SCORE VIEW OF NATURE OF MAN
 PU1SY PJS SCORE SYNERGY
 PU1A PJS SCORE ACCEPTANCE OF AGGRESSION
 PU1C PJS SCORE CAPACITY FOR INTIMATE CONTACT
 EMPLOY! LENGTH OF TIME EMPLOYED IN PRESENT WORK LO
 AGE POSITION OF CARE TEAM POINT SCALE
 PHOS PERCEIVED NURSING ORGANISATION SCORE
 PUS PERCEIVED SELF IN ORGANISATION
 PUSC PERCEIVED CHANGE NURSE ROLL SCORE
 PUSC PERCEIVED GENERAL INNOVATIVENESS SCORE
 IBI NUMBER ITEMS INNOVATIVELY BEHAVIOUR WARD NUR
 IBI NUMBER ITEMS TEACH NURSING
 IBI NUMBER SCORE FOR TREATMENT THEMES 7 POINT
 IBI FUNCTIONAL STATUS THEMES IN NARDEX
 IBI1 PHYSICAL CARE THEMES IN NARDEX
 IBI2 PATIENT PROGRESS THEMES IN NARDEX
 IBI3 PATIENT WELL THEMES IN NARDEX
 IBI4 INTAKE OUTPUT THEMES IN NARDEX
 IBI5 TREATMENT THEMES IN NARDEX
 IBI6 TESTS AND PROCEDURES THEMES IN NARDEX
 IBI7 ARTIFICIAL NUR
 IBI8 NUMBER OF DESCRIPTIVE THEMES
 IBI9 NUMBER OF PRESCRIPTIVE THEMES
 IBI10 NUMBER OF EVALUATIVE THEMES
 IBI11 NUMBER OF NURSE DEPENDENT THEMES
 IBI12 NUMBER OF DOCTOR DEPENDENT THEMES
 IBI13 NUMBER OF EVALUATIVE VALUES NURSE DEPENDU
 IBI14 NUMBER OF EVALUATIVE VALUES DOCTOR DEPEND
 IBI15 NUMBER PRESCRIPTIVE VALUES NURSE DEP THE
 IBI16 NUMBER PRESCRIPTIVE VALUES DOCTOR DEP TH

STATISTICAL PACKAGE FOR THE SOCIAL SCIENCES 05/13/80 PAGE 5
 FILE INNOVAT (CREATION DATE = 05/07/80) CHARGE NURSE BIOGRAPHIC PSYCHOSOCIAL AND BEHAVIORAL DATA

CORRELATION COEFFICIENTS..

	WORKINH2	WORKEX2	INSERV	INFORM	INFORM	PATLOCAT	ADLOCAT	AUDLOCAT	NSTLOCAT	CPIDGR
WORKINH2	1.00000	0.08764	0.31391	0.17786	-0.09610	0.14054	0.36890	-0.10956	0.28761	-0.75104
INSERV	0.06704	1.00000	-0.02474	-0.06666	-0.40140	0.31121	0.71570	0.37154	-0.35603	0.01374
INFORM	0.31381	-0.02474	1.00000	-0.33677	-0.53224	0.26688	0.64703	0.32571	-0.36284	-0.32511
PATLOCAT	0.17786	-0.06666	-0.33677	1.00000	-0.13536	0.02412	-0.03413	-0.00070	0.48005	-0.18902
ADLOCAT	0.37154	0.40140	0.53224	-0.13536	1.00000	0.48930	0.11207	0.44293	0.48096	0.25526
AUDLOCAT	0.34054	0.31121	0.24683	0.48930	0.48930	1.00000	0.35071	0.45479	0.48600	0.40549
NSTLOCAT	0.36890	0.71570	0.44793	-0.03413	0.11207	0.35071	1.00000	0.42288	0.48600	0.24252
CPIDGR	0.10956	0.37154	-0.06670	-0.40140	0.44293	0.45479	0.42288	1.00000	0.24252	0.46380
WORKEX2	0.28761	-0.35603	-0.36284	0.48005	-0.49223	-0.06596	-0.03400	-0.06223	1.00000	0.46380
INSERV	0.01374	1.00000	0.32014	0.18982	0.25526	0.48005	0.24252	0.24252	0.36380	1.00000
INFORM	0.06704	0.31381	0.31384	0.32060	0.26960	0.02412	-0.04442	0.04478	0.04152	0.00570
PATLOCAT	0.37154	-0.35603	-0.04135	-0.03195	0.25924	0.21710	-0.13156	0.79235	-0.01884	0.00960
ADLOCAT	0.34054	0.31121	0.33875	0.38745	0.15573	0.04429	0.32030	0.50611	0.10136	0.41090
AUDLOCAT	0.36890	0.24683	0.39711	0.35700	-0.13114	0.34569	-0.17001	0.20219	0.00474	0.08404
NSTLOCAT	0.46380	0.24683	0.29805	-0.26725	0.06795	0.24704	-0.10544	-0.20279	0.37662	-0.13044
CPIDGR	0.31381	-0.02474	0.16623	-0.04343	-0.22529	-0.06605	-0.48385	-0.48634	0.39550	-0.00124
WORKINH2	0.09472	0.37154	0.44047	0.35513	0.29612	0.37131	0.06669	0.31432	-0.08689	-0.23853
INSERV	0.04980	0.31121	0.19730	0.19730	0.10509	0.19041	-0.04039	-0.15821	-0.06493	0.08500
INFORM	0.34054	-0.06666	0.27285	0.02842	-0.07933	0.16740	0.30522	0.31768	0.13190	0.05500
PATLOCAT	0.28761	0.31121	0.11859	0.12244	-0.15897	0.15897	-0.04035	-0.24042	0.33350	0.24520
ADLOCAT	0.46380	0.31121	0.11859	0.12244	-0.15897	0.15897	-0.04035	-0.24042	0.33350	0.24520
AUDLOCAT	0.36890	0.66563	-0.11694	-0.31151	0.18973	0.19211	0.20655	0.20655	0.14247	0.41435
NSTLOCAT	0.48005	0.48005	0.00563	0.00563	-0.21057	-0.00567	-0.22129	-0.39919	0.30235	0.05000
CPIDGR	0.28761	0.20033	0.13308	0.12427	0.26541	0.04821	0.24052	0.38768	0.42730	0.00000
WORKINH2	0.27026	0.18620	0.15604	0.29804	-0.23680	-0.03685	-0.12222	-0.11409	0.18657	0.49183
INSERV	0.06704	0.31381	0.23687	0.02570	0.36627	0.06985	0.15055	0.11117	-0.21079	0.37172
INFORM	0.27026	0.45572	0.35795	0.60060	0.61023	0.39285	0.12039	-0.40602	0.52684	-0.15000
PATLOCAT	0.10106	-0.03444	0.14217	-0.19411	0.58734	0.07528	0.13276	0.32905	0.41854	0.23000
ADLOCAT	0.08040	0.11072	0.11639	0.19344	0.49287	0.06172	0.06930	-0.44604	0.31545	-0.17090
AUDLOCAT	0.18034	0.45412	0.06637	-0.12925	0.23207	0.07864	0.36391	0.04169	-0.31441	0.17080
NSTLOCAT	0.12935	0.36822	0.23794	0.22570	-0.14149	0.06304	0.49983	0.04605	0.18801	0.05250
CPIDGR	0.37154	-0.35603	-0.36284	0.48005	-0.49223	-0.06596	-0.03400	-0.06223	1.00000	0.46380
WORKINH2	0.31381	0.37154	0.31384	0.32060	0.26960	0.02412	-0.04442	0.04478	0.04152	0.00570
INSERV	0.04980	0.31121	0.19730	0.19730	0.10509	0.19041	-0.04039	-0.15821	-0.06493	0.08500
INFORM	0.34054	-0.06666	0.27285	0.02842	-0.07933	0.16740	0.30522	0.31768	0.13190	0.05500
PATLOCAT	0.28761	0.31121	0.11859	0.12244	-0.15897	0.15897	-0.04035	-0.24042	0.33350	0.24520
ADLOCAT	0.46380	0.31121	0.11859	0.12244	-0.15897	0.15897	-0.04035	-0.24042	0.33350	0.24520
AUDLOCAT	0.36890	0.66563	-0.11694	-0.31151	0.18973	0.19211	0.20655	0.20655	0.14247	0.41435
NSTLOCAT	0.48005	0.48005	0.00563	0.00563	-0.21057	-0.00567	-0.22129	-0.39919	0.30235	0.05000
CPIDGR	0.28761	0.20033	0.13308	0.12427	0.26541	0.04821	0.24052	0.38768	0.42730	0.00000
WORKINH2	0.27026	0.18620	0.15604	0.29804	-0.23680	-0.03685	-0.12222	-0.11409	0.18657	0.49183
INSERV	0.06704	0.31381	0.23687	0.02570	0.36627	0.06985	0.15055	0.11117	-0.21079	0.37172
INFORM	0.27026	0.45572	0.35795	0.60060	0.61023	0.39285	0.12039	-0.40602	0.52684	-0.15000
PATLOCAT	0.10106	-0.03444	0.14217	-0.19411	0.58734	0.07528	0.13276	0.32905	0.41854	0.23000
ADLOCAT	0.08040	0.11072	0.11639	0.19344	0.49287	0.06172	0.06930	-0.44604	0.31545	-0.17090
AUDLOCAT	0.18034	0.45412	0.06637	-0.12925	0.23207	0.07864	0.36391	0.04169	-0.31441	0.17080
NSTLOCAT	0.12935	0.36822	0.23794	0.22570	-0.14149	0.06304	0.49983	0.04605	0.18801	0.05250
CPIDGR	0.37154	-0.35603	-0.36284	0.48005	-0.49223	-0.06596	-0.03400	-0.06223	1.00000	0.46380
WORKINH2	0.31381	0.37154	0.31384	0.32060	0.26960	0.02412	-0.04442	0.04478	0.04152	0.00570
INSERV	0.04980	0.31121	0.19730	0.19730	0.10509	0.19041	-0.04039	-0.15821	-0.06493	0.08500
INFORM	0.34054	-0.06666	0.27285	0.02842	-0.07933	0.16740	0.30522	0.31768	0.13190	0.05500
PATLOCAT	0.28761	0.31121	0.11859	0.12244	-0.15897	0.15897	-0.04035	-0.24042	0.33350	0.24520
ADLOCAT	0.46380	0.31121	0.11859	0.12244	-0.15897	0.15897	-0.04035	-0.24042	0.33350	0.24520
AUDLOCAT	0.36890	0.66563	-0.11694	-0.31151	0.18973	0.19211	0.20655	0.20655	0.14247	0.41435
NSTLOCAT	0.48005	0.48005	0.00563	0.00563	-0.21057	-0.00567	-0.22129	-0.39919	0.30235	0.05000
CPIDGR	0.28761	0.20033	0.13308	0.12427	0.26541	0.04821	0.24052	0.38768	0.42730	0.00000
WORKINH2	0.27026	0.18620	0.15604	0.29804	-0.23680	-0.03685	-0.12222	-0.11409	0.18657	0.49183
INSERV	0.06704	0.31381	0.23687	0.02570	0.36627	0.06985	0.15055	0.11117	-0.21079	0.37172
INFORM	0.27026	0.45572	0.35795	0.60060	0.61023	0.39285	0.12039	-0.40602	0.52684	-0.15000
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ADLOCAT	0.08040	0.11072	0.11639	0.19344	0.49287	0.06172	0.06930	-0.44604	0.31545	-0.17090
AUDLOCAT	0.18034	0.45412	0.06637	-0.12925	0.23207	0.07864	0.36391	0.04169	-0.31441	0.17080
NSTLOCAT	0.12935	0.36822	0.23794	0.22570	-0.14149	0.06304	0.49983	0.04605	0.18801	0.05250
CPIDGR	0.37154	-0.35603	-0.36284	0.48005	-0.49223	-0.06596	-0.03400	-0.06223	1.00000	0.46380
WORKINH2	0.31381	0.37154	0.31384	0.32060	0.26960	0.02412	-0.04442	0.04478	0.04152	0.00570
INSERV	0.04980	0.31121	0.19730	0.19730	0.10509	0.19041	-0.04039	-0.15821	-0.06493	0.08500
INFORM	0.34054	-0.06666	0.27285	0.02842	-0.07933	0.16740	0.30522	0.31768	0.13190	0.05500
PATLOCAT	0.28761	0.31121	0.11859	0.12244	-0.15897	0.15897	-0.04035	-0.24042	0.33350	0.24520
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AUDLOCAT	0.36890	0.66563	-0.11694	-0.31151	0.18973	0.19211	0.20655	0.20655	0.14247	0.41435
NSTLOCAT	0.48005	0.48005	0.00563	0.00563	-0.21057	-0.00567	-0.22129	-0.39919	0.30235	0.05000
CPIDGR	0.28761	0.20033	0.13308	0.12427	0.26541	0.04821	0.24052	0.38768	0.42730	0.00000
WORKINH2	0.27026	0.18620	0.15604	0.29804	-0.23680	-0.03685	-0.12222	-0.11409	0.18657	0.49183
INSERV	0.06704	0.31381	0.23687	0.02570	0.36627	0.06985	0.15055	0.11117	-0.21079	0.37172
INFORM	0.27026	0.45572	0.35795	0.60060	0.61023	0.39285	0.12039	-0.40602	0.52684	-0.15000
PATLOCAT	0.10106	-0.03444	0.14217	-0.19411	0.58734	0.07528	0.13276	0.32905	0.41854	0.23000
ADLOCAT	0.08040	0.11072	0.11639	0.19344	0.49287	0.06172	0.06930	-0.44604	0.31545	-0.17090
AUDLOCAT	0.18034	0.45412	0.06637	-0.12925	0.23207	0.07864	0.36391	0.04169	-0.31441	0.17080

IBKUR1	0.05507	0.42392	0.15353	0.11857	0.08705	0.05638	0.59503	0.07651	0.00467	0.12753
IBKUR2	0.06216	0.36057	0.15354	0.29041	0.19770	0.27485	0.63260	0.20935	0.38033	0.20644
IBKUR3	0.04426	0.03253	0.15272	0.42384	0.01934	0.44564	0.60763	0.40783	0.07788	0.07788
IBKUR4	0.00941	0.02903	0.01180	0.15374	0.53854	0.55301	0.05064	0.30763	0.30763	0.02777
IBKUR5	0.03741	0.22603	0.06650	0.08503	0.02892	0.00553	0.47620	0.06767	0.15953	0.14551

	CPICS	CPISY	CPISP	CPISA	CPINB	CFIRE	CPISL	CPISC	CPITU	CPIGI
NURKINH2	0.04477	0.26049	0.66085	0.33942	0.20624	0.31418	0.08720	0.04960	0.83406	0.22614
NURKINH1	0.21384	0.26889	0.04000	0.24743	0.38270	0.34307	0.57519	0.35111	0.06350	0.58312
INSERV	0.01060	0.00413	0.03373	0.39711	0.29565	0.16307	0.04047	0.20395	0.27265	0.01295
INFURH	0.02060	0.03102	0.03675	0.03750	0.26725	0.00343	0.35313	0.01933	0.02042	0.12339
INFURH1	0.02060	0.25924	0.15513	0.13114	0.06795	0.22529	0.23612	0.10509	0.02742	0.16139
FATLUCRT	0.02094	0.04173	0.04429	0.34069	0.29704	0.05605	0.37118	0.19791	0.26280	0.17671
MULUCAT	0.04442	0.03160	0.32053	0.17031	0.10541	0.46303	0.08609	0.27039	0.26280	0.44005
MULUCAT1	0.04442	0.04923	0.05011	0.26219	0.26279	0.48034	0.31432	0.15821	0.31700	0.20472
MULUCAT2	0.04442	0.01804	0.11130	0.00474	0.37662	0.39650	0.00000	0.00493	0.13190	0.03300
ESTILOH	0.00597	0.05090	0.41090	0.68464	0.13044	0.06129	0.23683	0.00563	0.05506	0.34522
CPIS	1.00000	0.49070	0.61835	0.75073	0.31387	0.29499	0.30049	0.00734	0.00229	0.00620
CPIS1	0.49070	1.00000	0.47203	0.60744	0.49405	0.49763	0.21033	0.21551	0.04790	0.04220
CPIS2	0.47203	0.47203	1.00000	0.60744	0.29684	0.36644	0.12243	0.24100	0.56705	0.01803
CPIS3	0.49070	0.47203	0.60744	1.00000	0.21551	0.12392	0.60331	0.31312	0.50562	0.03620
CPIS4	0.31387	0.60744	0.29684	0.21551	1.00000	1.40000	0.00670	0.43136	0.40536	0.31482
CPIS5	0.29499	0.49405	0.30084	0.12392	0.40000	0.40000	0.00670	0.03456	0.46352	0.45125
CPIS6	0.30444	0.23033	0.12493	0.60331	0.06676	0.31456	0.00670	0.41094	0.05078	0.00000
CPIS7	0.08734	0.05151	0.24703	0.13112	0.43130	0.41094	0.05078	0.05078	1.00000	0.00000
CPIS8	0.08229	0.04795	0.54572	0.54572	0.40530	0.46352	0.06980	0.29509	0.00000	0.42303
CPIS9	0.00022	0.04225	0.01053	0.03837	0.31482	0.45125	0.00000	0.08120	0.42303	1.00000
CPIS10	0.07700	0.23653	0.21077	0.08337	0.35182	0.21411	0.18163	0.05679	0.26160	0.47100
CPIS11	0.27520	0.65212	0.31714	0.30506	0.60203	0.31152	0.23049	0.05159	0.53659	0.79554
CPIS12	0.61730	0.11183	0.59339	0.12965	0.18251	0.77570	0.14222	0.07152	0.59945	0.08537
CPIS13	0.00570	0.66647	0.70180	0.28111	0.74915	0.60573	0.12934	0.20059	0.65970	0.21610
CPIS14	0.08272	0.50967	0.55296	0.62186	0.59459	0.28718	0.50012	0.18979	0.73116	0.20320
CPIS15	0.65693	0.33236	0.44089	0.21166	0.22015	0.31461	0.16419	0.15449	0.56733	0.13364
CPIS16	0.09389	0.03302	0.00000	0.00000	0.13492	0.15918	0.29542	0.42361	0.08353	0.40237
CPIS17	0.17330	0.11300	0.00000	0.00000	0.40019	0.50190	0.66869	0.30330	0.42975	0.38051
CPIS18	0.15099	0.04731	0.00000	0.00000	0.38977	0.51065	0.65524	0.24544	0.40687	0.40687
CPIS19	0.34060	0.08241	0.00000	0.00000	0.39150	0.40471	0.55224	0.51165	0.13746	0.62577
CPIS20	0.33634	0.06946	0.30935	0.51482	0.10617	0.31094	0.33563	0.01804	0.13746	0.28360
CPIS21	0.28040	0.14975	0.36640	0.32165	0.15283	0.09334	0.12569	0.05190	0.08360	0.08360
CPIS22	0.39949	0.21427	0.35050	0.39090	0.01996	0.06482	0.17800	0.33905	0.52190	0.23942
CPIS23	0.01324	0.04656	0.00000	0.01324	0.20624	0.05412	0.07081	0.05901	0.32572	0.47330
CPIS24	0.39330	0.26013	0.48065	0.59337	0.51382	0.19213	0.37032	0.28227	0.51069	0.23942
CPIS25	0.46944	0.00789	0.40000	0.66137	0.50100	0.11414	0.25955	0.32022	0.15804	0.18667
CPIS26	0.64104	0.22082	0.74974	0.97269	0.31152	0.26838	0.10315	0.43048	0.36920	0.15641
CPIS27	0.43485	0.32474	0.51876	0.62837	0.34060	0.11472	0.25955	0.19094	0.31002	0.44304
CPIS28	0.35411	0.14059	0.31247	0.09082	0.58660	0.10091	0.05810	0.40016	0.37798	0.10693
CPIS29	0.26192	0.04300	0.01150	0.18459	0.26971	0.16489	0.03321	0.07362	0.35326	0.70140
CPIS30	0.01092	0.00000	0.00000	0.38399	0.69328	0.07421	0.20310	0.02197	0.04513	0.11294
CPIS31	0.32423	0.04750	0.00000	0.00000	0.08986	0.21846	0.06727	0.17401	0.43097	0.32664
CPIS32	0.01495	0.00000	0.00000	0.00000	0.39411	0.20591	0.31889	0.17401	0.77093	0.32664
CPIS33	0.49444	0.00447	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.76202	0.29252
CPIS34	0.67270	0.16639	0.43330	0.70831	0.23247	0.25241	0.18250	0.38754	0.35703	0.63156
CPIS35	0.45009	0.21711	0.11430	0.70330	0.08100	0.03337	0.07227	0.23899	0.53240	0.33250
CPIS36	0.03543	0.57700	0.04817	0.20840	0.37059	0.14160	0.16322	0.32653	0.52990	0.48897
CPIS37	0.06399	0.03277	0.00000	0.40540	0.09561	0.19563	0.03519	0.24501	0.29414	0.49209
CPIS38	0.36035	0.05429	0.26834	0.39772	0.10170	0.25986	0.15595	0.02210	0.59922	0.17459
CPIS39	0.25018	0.66836	0.22222	0.48513	0.05445	0.06634	0.09361	0.43602	0.56250	0.66610

IBK1	0.05442	0.00682	0.50817	0.22441	0.08464	0.19897	0.25530	0.09478	0.14596	0.15930
IBK2	0.27491	0.18373	0.11199	0.21965	0.15818	0.04600	0.20274	0.54715	0.17187	0.56201
IBK3	0.04482	0.43150	0.29493	0.40765	0.47454	0.04404	0.49237	0.04092	0.06795	0.40000
IBK4	0.17777	0.22977	0.55423	0.25450	0.00000	0.42210	0.03167	0.05393	0.23671	0.30637
IBK5	0.10343	0.14426	0.00000	0.48219	0.60385	0.39111	0.40380	0.23154	0.00277	0.07652
IBK6	0.22197	0.22177	0.00000	0.40043	0.23002	0.57699	0.39002	0.00413	0.05594	0.33131
IBK7	0.29415	0.30820	0.00000	0.10573	0.25201	0.39664	0.15200	0.37399	0.00524	0.04431
IBK8	0.22777	0.33139	0.39731	0.00595	0.12920	0.49606	0.29808	0.19000	0.33023	0.15247
IBK9	0.42783	0.15949	0.00000	0.23718	0.30689	0.09190	0.18443	0.35612	0.07973	0.37317
IBK10	0.20383	0.00417	0.00000	0.02330	0.32261	0.51766	0.45300	0.26087	0.16142	0.11448
IBK11	0.36943	0.00753	0.00000	0.07268	0.24500	0.45817	0.45817	0.00000	0.09477	0.37919
IBK12	0.50000	0.00550	0.00000	0.06772	0.11047	0.05301	0.25200	0.00000	0.09428	0.11720
IBK13	0.01186	0.02612	0.00000	0.13547	0.38385	0.35160	0.14599	0.22103	0.09428	0.11720
IBK14	0.18308	0.06391	0.00000	0.13260	0.26631	0.19640	0.24533	0.30856	0.19824	0.04631
IBK15	0.01316	0.21373	0.21601	0.22112	0.21411	0.27303	0.59100	0.20045	0.12377	0.15001
IBK16	0.42012	0.05394	0.00000	0.21647	0.48824	0.40710	0.31645	0.41076	0.58066	0.20920
IBK17	0.30519	0.00851	0.00346	0.67380	0.14814	0.39928	0.37380	0.11670	0.22881	0.30410

	CPICH	CPIAC	CPICL	CPID	CPIDY	CPIDZ	CPID1	CPID2	CPID3	CPID4
NURKINH2	0.46069	0.02874	0.46103	0.23747	0.27020	0.67636	0.27561	0.01106	0.08480	0.18634
NURKINH1	0.13473	0.06978	0.15930	0.20033	0.18420	0.05270	0.40502	0.10442	0.11072	0.45442
INSERV	0.19361	0.01169	0.21037	0.13360	0.15064	0.02647	0.05795	0.14217	0.11059	0.06207
INFURH	0.13064	0.03151	0.05093	0.12427	0.02904	0.02570	0.00000	0.19441	0.19344	0.12922
INFURH1	0.12240	0.18973	0.50772	0.26544	0.23680	0.36627	0.01623	0.05834	0.49267	0.23207
FATLUCRT	0.19397	0.02211	0.05007	0.40571	0.33883	0.06905	0.39293	0.05526	0.60172	0.07604
MULUCAT	0.05022	0.03103	0.22129	0.24652	0.12222	0.15055	0.12034	0.13776	0.06938	0.38391
MULUCAT1	0.17579	0.02063	0.39919	0.38783	0.11409	0.01117	0.40002	0.52965	0.44604	0.04169
MULUCAT2	0.54272	0.14257	0.30235	0.42730	0.18657	0.23079	0.52684	0.41054	0.31245	0.31441
ESTILOH	0.48376	0.41435	0.05000	0.00000	0.49145	0.37175	0.15088	0.23090	0.17096	0.17000
CPIS	0.07000	0.32752	0.01739	0.68077	0.28867	0.65693	0.09689	0.17330	0.15699	0.34800
CPIS1	0.24050	0.04376	0.41090	0.66047	0.39280	0.33236	0.25033	0.41340	0.47818	0.06241
CPIS2	0.21087	0.03171	0.59339	0.70180	0.00000	0.00000	0.00000	0.00000	0.00000	0.36745
CPIS3	0.08337	0.03050	0.12950	0.28111	0.02160	0.21160	0.00000	0.00000	0.00000	0.02226
CPIS4	0.35182	0.00203	0.16251	0.74915	0.59459	0.22615	0.34922	0.40010	0.02987	0.39350
CPIS5	0.21111	0.03152	0.77570	0.60573	0.28710	0.31461	0.15141	0.00190	0.51665	0.44771
CPIS6	0.18163	0.03049	0.14222	0.12934	0.50012	0.16419	0.29542	0.00669	0.05324	0.33730
CPIS7	0.50979	0.05319	0.01120	0.20059	0.18979	0.11549	0.42581	0.51836	0.0	

FDISY	-0.31772	-0.35224	-0.53726	-0.01299	0.00854	0.74013	0.35578	-0.05749	-0.35427	-0.12367
FDISA	0.01734	0.06430	-0.04143	-0.13736	-0.30241	-0.13338	0.08482	-0.13216	-0.17467	-0.01734
FDISC	0.06669	0.09340	-0.19443	0.34470	0.42950	0.40767	0.37200	-0.15853	-0.04553	-0.04826
EMPLOY	0.00239	0.04552	-0.05730	-0.52693	-0.37349	-0.39639	-0.37200	-0.31481	-0.16421	-0.03264
AGE	-0.00160	0.04804	-0.07111	-0.05942	-0.44680	-0.33483	-0.12332	-0.26783	-0.03482	-0.14612
PNOS	-0.00944	0.08037	-0.12477	-0.58090	-0.62920	-0.05689	0.01420	-0.44300	-0.25259	-0.04404
PGSS	0.00345	0.01230	-0.03039	-0.01081	-0.46552	-0.42307	-0.29650	-0.20313	0.25343	0.18011
PCNLS	-0.02645	0.02670	-0.10653	0.04713	0.79654	0.15512	0.39822	-0.25030	0.74004	-0.11536
IFGSC	0.16090	0.39932	0.02579	0.33370	0.35077	-0.16236	0.39077	-0.44915	0.50186	-0.13540
IBW	0.07817	0.40133	-0.31034	-0.00953	-0.23807	-0.36708	0.31107	-0.06038	0.16304	0.02592
IBTEAM	0.03451	0.02573	-0.10537	-0.23625	-0.29321	-0.40499	-0.31550	-0.20930	-0.31050	0.07351
IBTS	-0.03583	0.03674	-0.11432	-0.16059	-0.33055	-0.18872	0.07740	-0.30608	0.37040	0.29515
IBK1	-0.10323	0.13977	-0.08394	-0.08327	-0.33882	-0.03841	-0.27711	-0.17416	0.18575	-0.05333
IBK2	-0.05792	0.03918	-0.02133	-0.13915	-0.32476	-0.09881	-0.07311	-0.04650	0.00976	-0.07717
IBK4	-0.09320	0.04263	-0.34531	0.36743	0.11747	-0.04528	-0.52084	-0.32553	-0.30244	0.24296
IBK11	-0.04525	0.02781	-0.03111	-0.37030	-0.11939	-0.00928	-0.20858	-0.20901	-0.17223	0.27515
IBK15	0.03349	0.01433	-0.31019	0.55261	0.00470	-0.01709	-0.20858	-0.20901	-0.31908	-0.23730
IBK17	-0.06747	-0.06043	-0.02990	-0.04437	-0.04344	-0.03343	0.12028	0.07670	-0.03174	-0.03174
IBK19	-0.07786	-0.10735	-0.13014	-0.11029	0.12633	0.55099	0.32642	0.00000	0.00000	-0.31877
IBK22	-0.12507	-0.16074	-0.32722	-0.18419	0.07112	-0.19774	0.20062	-0.21272	0.25060	-0.13074
IBKLE3TH	-0.06501	0.04910	-0.07320	0.04754	0.13215	-0.02399	0.35311	-0.061204	0.65453	-0.04740
IBKFRVTH	0.07007	0.03650	-0.26139	-0.04465	0.01631	-0.12630	-0.10365	-0.32937	-0.29943	0.00000
IBKFRVTH	-0.03228	-0.17602	-0.02533	-0.19515	-0.22632	-0.06802	-0.10760	-0.04937	-0.08217	-0.12340
IBKFRVTH	-0.05410	-0.10380	-0.32682	-0.34410	-0.46957	-0.12681	-0.47330	-0.02274	0.04531	-0.04979
IBKFRVTH	-0.02559	-0.03977	-0.21973	-0.04671	-0.34888	-0.09804	-0.31507	-0.27317	-0.31907	-0.29292
IBKFRVTH	-0.02534	-0.04494	-0.31073	-0.27373	-0.08852	-0.15769	-0.00000	-0.00000	0.03354	-0.04211
IBKFRVTH	-0.04534	-0.01518	-0.20069	-0.31729	-0.03729	-0.03806	0.00711	-0.06779	-0.23550	-0.03077
IBKFRVTH	0.01372	-0.13493	-0.01773	0.05409	-0.16655	0.44030	-0.41060	0.02216	-0.80007	-0.30677
IBKFRVTH	0.03673	0.06791	-0.11197	0.08616	0.17472	0.22267	-0.00343	0.13666	-0.10622	-0.07361

MURKINZ	0.12935	-0.53312	-0.69409	0.27083	-0.06920	-0.04724	0.70491	-0.25358	-0.67156	0.34510
MURKINZ	-0.00622	-0.19564	-0.36325	-0.60927	0.14456	-0.12234	0.15339	-0.42370	-0.28082	-0.17074
MURKINZ	-0.25754	-0.31367	-0.36074	-0.28717	0.05950	-0.01811	0.08932	-0.46447	-0.24810	-0.21440
INFORM	0.01149	0.02313	-0.01092	-0.06670	0.02218	0.48612	0.33800	-0.43025	-0.42367	0.04254
PATLOCAT	0.06304	0.03597	-0.20542	-0.43284	-0.01913	-0.18355	-0.21496	-0.16141	-0.26239	-0.21113
AULOCAT	0.09883	-0.03747	-0.18910	0.60441	-0.06245	0.10314	0.28399	-0.55806	-0.16255	-0.30726
AULOCAT	0.06085	0.02834	-0.37397	0.16743	-0.16467	0.24685	-0.17154	-0.07731	-0.11799	-0.18264
KSTLOCAT	0.18001	-0.10609	-0.31492	-0.04794	0.33970	0.13746	0.06062	-0.26784	0.16361	-0.30412
CPILN	0.05259	0.03205	-0.32331	-0.37255	-0.21337	0.22406	-0.52245	0.40896	0.39330	0.45663
CPILS	-0.03568	0.28049	0.39909	0.01624	0.39330	0.46944	-0.04104	0.43405	0.35411	0.26192
CPISY	-0.06946	0.14975	-0.24829	-0.48690	-0.76015	0.06789	-0.22682	-0.23702	-0.14650	-0.49085
CPISP	0.06935	0.08640	0.25503	0.05359	0.48005	0.00296	-0.74797	0.51530	0.31247	-0.10629
CPISB	-0.01482	0.02162	-0.39030	-0.31245	-0.39537	0.08137	-0.47269	0.02437	0.09082	-0.18455
CPISK	0.00317	-0.15733	-0.01190	-0.28624	-0.51382	-0.50100	-0.03115	-0.34068	-0.58600	-0.26974
CPISD	-0.03563	0.04334	-0.10642	-0.51412	-0.19213	-0.11414	-0.20636	0.11472	-0.19091	-0.18469
CPISC	-0.01894	-0.02510	-0.33093	-0.07301	-0.37632	-0.25933	0.10315	-0.16087	-0.05818	0.04321
CPISD	0.01732	0.00850	0.52179	-0.32552	-0.51059	-0.15604	0.43655	-0.31082	-0.40016	-0.35320
CPISG	-0.00204	-0.03680	-0.26359	-0.17735	-0.23945	-0.18667	0.15641	0.44384	-0.13893	-0.17013
CPILM	-0.05633	0.06132	-0.16359	0.49475	0.35810	-0.50718	-0.03316	0.01849	-0.31972	-0.01934
CPILAC	-0.03915	0.02065	-0.24360	-0.54733	-0.01653	-0.28550	-0.15433	0.73886	-0.35224	-0.06813
CPILAT	0.06086	0.02555	0.26943	0.00000	0.26851	-0.12170	-0.25307	0.04712	0.53776	-0.04434
CPILIE	0.22074	0.16581	0.22553	-0.01370	0.47784	0.34944	0.22211	0.33350	0.01299	-0.13730
CPILPY	0.01285	-0.11849	0.45570	-0.13514	0.72574	0.53310	-0.33524	0.47701	0.00854	-0.30241
CPILX	0.14997	0.09467	0.37434	0.20935	0.13374	-0.24646	-0.29315	-0.19601	0.74613	-0.13350

CPILF	0.72678	-0.06810	0.76261	0.47792	-0.35917	-0.03245	0.25555	-0.12386	0.35578	0.06462
CPILIC	0.00000	-0.45129	-0.25275	0.00000	-0.05035	0.34369	-0.47015	0.00000	-0.05749	-0.13216
CPILIC	0.03103	0.04206	0.02595	0.00000	0.04220	-0.35091	0.50214	-0.04645	-0.05427	-0.17467
CPILIO	-0.93103	-0.26419	-0.65210	-0.45446	-0.78921	-0.05098	0.20360	0.15076	-0.12367	-0.01734
CPILIO	1.00000	0.36553	0.77005	-0.58815	0.73343	0.47055	-0.16412	-0.12620	0.19776	0.59520
CPILIO	0.30663	1.00000	0.32035	0.18080	0.26320	0.54148	-0.72519	0.28411	0.32376	0.22040
CPILIO	0.77965	0.02055	1.00000	0.19755	0.06101	0.06640	-0.07402	-0.21907	0.51112	0.48333
CPILIO	0.50915	0.18330	0.18773	1.00000	-0.05190	0.03543	0.19220	-0.26625	0.05926	0.43592
CPILIO	0.73043	0.02899	0.06101	0.05190	0.00000	0.05901	0.10608	-0.07873	0.05926	0.25961
CPILIO	0.47065	0.04143	0.06289	0.03354	0.05901	0.00000	-0.00932	0.56918	0.32916	0.04012
CPILIO	-0.16412	-0.02317	-0.07357	0.14820	-0.42295	-0.06000	-0.00932	-0.35922	-0.00384	-0.00384
CPILIO	-0.12329	0.02841	-0.21973	0.26825	0.10100	0.06976	0.33522	1.00000	0.29487	0.29487
CPILIO	0.19796	0.02370	0.51172	0.00520	0.07873	0.32916	-0.35922	-0.23080	0.29487	1.00000
CPILIO	0.59526	0.22040	0.04635	0.43352	0.28951	0.04015	0.00354	-0.38467	0.29487	1.00000
CPILIO	0.59563	-0.10049	0.55149	0.06126	0.67173	0.56121	0.13535	-0.11934	0.54011	0.29740
EMPLOY	-0.02952	-0.04647	-0.13225	-0.08097	-0.08962	-0.21274	0.25674	-0.01759	-0.19959	0.40708
AGE	-0.09717	-0.26317	-0.29623	-0.02863	-0.21060	-0.05683	0.21940	-0.29475	-0.33025	-0.18547
PNOS	0.12082	-0.04370	0.34724	-0.36253	0.17395	0.36253	0.02776	-0.28585	-0.10445	-0.04512
PGSS	-0.40677	-0.35681	-0.56902	-0.11090	-0.36039	-0.29630	0.52317	-0.33913	-0.53300	-0.02500
PCNLS	0.28223	-0.22806	0.47394	-0.25801	0.37139	-0.16574	-0.68303	0.42918	0.13046	-0.23244
IFGSC	0.25701	-0.13922	0.35175	-0.33204	0.33505	-0.02102	0.25023	0.12098	0.02267	-0.06041
IBW	-0.03076	-0.06117	-0.35264	-0.36217	-0.14910	0.12974	-0.17973	-0.37306	-0.05219	-0.02147
IBTEAM	-0.05412	-0.25317	-0.51657	-0.18484	-0.04095	-0.06638	-0.06344	-0.15503	0.40323	0.14241
IBTS	0.13005	0.03888	0.06060	-0.14694	-0.12863	-0.10536	0.05759	-0.05759	0.25150	-0.04533
IBK1	-0.01305	-0.03349	0.04800	-0.17954	-0.10934	-0.12838	0.46620	-0.20507	0.19250	0.13622
IBK2	-0.07170	-0.00963	-0.76201	-0.23960	-0.76432	-0.28258	-0.20550	-0.19037	-0.25450	-0.05926
IBK4	-0.04933	0.13929	-0.54533	-0.23960	-0.20700	-0.01077	-0.06082	0.10403	-0.35430	0.09226
IBK11	-0.04152	-0.05533	-0.02114	-0.25207	-0.08373	-0.21636	0.32491	-0.54308	0.32022	0.16011
IBK15	-0.01177	-0.03883	-0.02097	0.23220	0.09917	-0.12706	0.36010	-0.33108	0.33224	0.09254
IBK17	-0.00513	-0.02597	0.10035	0.48795	0.21612	0.36416	0.18910	0.05939	-0.45541	-0.20207
IBK19	0.03761	-0.03489	0.36641	0.72320	0.07312	-0.14973	0.09310	-0.40573	0.25044	0.12612
IBK22	0.18151	-0.00801	-0.00912	-0.19330	-0.16380	-0.03729	0.06007	-0.12016	-0.56120	-0.15243
IBKLE3TH	0.06020	-0.11440	-0.28492	-0.19715	-0.05567	-0.35983	0.77269	-0.24710	0.29533	-0.01203
IBKFRVTH	0.13049	-0.03131	-0.16397	0.44130	0.01866	0.07098	-0.07160	-0.13775	-0.06640	-0.06907
IBKFRVTH	-0.09706	-0.00284	-0.05317	0.10352	-0.13067	-0.02552	0.37070	-0.30745	-0.51430	-0.29423
IBKFRVTH	-0.07929	-0.07160	-0.21170	-0.32809	-0.51379	-0.06615	0.45264	-0.49062	-0.13776	-0.35347
IBKFRVTH	-0.03636	-0.04110	-0.03770	-0.28910	-0.28910	-0.01939	-0.00173	-0.23712	-0.41559	-0.04491
IBKFRVTH	-0.08490	-0.09352	-0.14289	0.00000	-0.31730	-0.09693	0.40436	-0.37819	0.56239	-0.32422
IBKFRVTH	0.02313	-0.00261	0.01262	0.17469	-0.19730	-0.11996	0.32511	-0.23817		

CP1WA	0.069328	-0.009900	-0.039411	0.607311	0.23247	0.008108	0.37059	0.09561	0.10170	-0.05443
CP1RF	-0.07421	-0.01540	-0.00571	0.23509	0.29241	-0.00337	0.14160	-0.19503	0.25960	-0.04634
CP1SO	-0.02019	-0.06727	-0.03179	0.00675	0.16250	-0.07237	0.10322	-0.09519	-0.15555	-0.09301
CP1SC	-0.02147	-0.04240	-0.01491	0.56830	0.38754	0.32099	0.35033	0.24501	-0.02210	-0.43602
CP1TH	-0.04513	-0.03097	-0.07620	0.77693	-0.03250	0.53246	0.52990	0.42944	-0.50622	-0.58250
CP1CH	-0.11294	-0.03254	-0.02995	0.63350	0.15724	0.13328	0.48097	0.49219	-0.17459	0.08610
CP1AC	-0.36699	-0.08239	-0.00190	-0.09944	-0.08942	-0.26245	0.10090	0.07617	0.08451	-0.35303
CP1AI	-0.19440	-0.05753	-0.04500	0.71111	0.10203	0.26703	0.39962	0.40130	-0.22253	0.53674
CP1IE	0.34476	-0.02055	-0.05992	0.18497	-0.09859	0.10655	0.02579	-0.31064	-0.10507	0.11422
CP1FY	-0.42980	-0.03349	-0.06290	0.82978	-0.03743	0.47133	0.33593	-0.00953	-0.23645	0.16055
CP1FX	-0.48740	-0.09639	-0.05343	0.08667	-0.42557	0.76664	0.35077	-0.23607	-0.29321	0.33095
CP1FE	-0.37203	0.03621	-0.12322	-0.01429	-0.29800	0.39022	-0.39077	-0.36208	-0.40499	0.18672
PJ111	-0.15053	-0.03421	-0.02734	-0.44330	-0.26313	-0.25030	-0.44915	-0.09838	-0.31050	-0.07740
PJ11C	-0.16421	-0.03264	-0.03920	-0.52057	-0.25343	-0.26094	-0.01030	-0.16304	-0.20930	-0.30800
PJ11D	-0.06553	-0.04520	-0.14012	-0.04404	-0.18011	-0.11538	-0.13540	0.02592	-0.07351	-0.29615
PJ11E	-0.09363	-0.02952	-0.00977	-0.12082	-0.40677	-0.28223	-0.25701	0.20588	-0.33061	-0.08812
PJ11X	-0.10030	-0.04679	-0.02339	-0.04337	-0.35641	-0.22000	-0.13922	0.06112	-0.25365	0.11600
PJ11R	-0.05140	-0.13280	-0.02907	-0.34723	-0.56902	-0.47384	0.57175	0.35244	-0.51637	0.16600
PJ11S	-0.06120	-0.03897	-0.02833	-0.38507	-0.11090	-0.25001	-0.35204	-0.36217	-0.16492	-0.34640
PJ11B	0.07173	-0.09802	-0.02108	0.13625	0.11739	-0.36039	-0.37139	-0.33385	-0.14918	-0.12633
PJ11A	0.08121	-0.04172	-0.00380	0.11739	-0.32930	-0.16374	-0.02102	0.12974	0.06630	-0.10530
PJ11C	0.13335	-0.02507	-0.01990	0.02270	-0.32317	0.00303	0.25623	0.17973	-0.03041	-0.05759
PJ11D	0.11934	-0.04175	-0.02943	0.20565	-0.33913	0.03304	0.12690	-0.37302	-0.10503	0.45259
PJ11E	-0.34011	-0.01995	-0.04309	-0.10423	-0.53300	-0.13040	-0.02567	-0.40329	-0.40323	0.45259
PJ11A	0.02940	-0.00790	-0.10599	-0.45142	-0.02589	-0.23244	-0.06041	-0.20219	-0.40323	0.45259
PJ11C	1.00000	0.24074	0.00270	0.35560	0.13860	0.22767	0.47332	0.36070	0.10274	-0.18229
ENHFLDY	0.24074	1.00000	0.07725	-0.32813	-0.26407	-0.20798	-0.31207	-0.13088	0.50300	0.37640
ALE	0.05276	-0.07725	1.00000	-0.59349	-0.25477	-0.00714	-0.38355	-0.09088	0.57433	-0.44959
PJ11S	0.05560	-0.03013	-0.05939	1.00000	-0.18323	0.47005	0.78038	0.01131	-0.60938	0.06129
PJ11D	0.13060	-0.02647	-0.25477	-0.18323	1.00000	-0.55474	-0.13932	-0.27548	0.58119	0.38230
PJ11E	0.22767	-0.20798	-0.00714	0.47005	-0.55474	1.00000	0.48400	0.01398	-0.38592	-0.01440
PJ11C	0.47332	-0.01207	-0.00303	0.78038	-0.13932	0.48400	1.00000	0.83065	-0.51704	0.57772
PJ11B	0.36070	-0.13088	-0.09088	0.61311	-0.27548	0.61311	0.83065	1.00000	0.53006	0.73262
PJ11A	-0.18229	-0.44959	-0.44959	-0.66129	-0.58119	-0.36592	-0.51784	-0.53006	1.00000	-0.75012
IBK1	-0.15043	-0.02918	-0.03313	0.66129	-0.38230	0.61440	0.57779	0.73262	-0.75012	1.00000
IBK2	-0.05263	-0.04222	-0.01707	0.08050	0.14402	0.09082	0.30091	0.15262	-0.15031	-0.19691
IBK4	-0.08773	-0.03390	-0.04007	0.14607	0.31393	-0.11809	-0.22959	-0.01778	-0.20491	-0.41050
IBK11	0.03060	0.01267	0.04514	-0.14289	0.10513	-0.13044	-0.28647	0.38866	0.22092	-0.04610
IBK15	0.03559	0.01070	0.03124	0.12052	0.59152	0.12052	0.47471	-0.06968	-0.40597	0.24803
IBK17	0.00133	0.03316	0.03300	0.05269	-0.19571	0.33012	-0.15994	-0.03959	-0.12432	-0.11303
IBK19	-0.13977	0.01307	-0.04082	0.26094	-0.36475	0.05025	-0.36960	-0.46942	-0.19229	-0.30094
IBK22	0.34396	0.06620	0.03133	0.03822	0.25510	0.18103	-0.08050	0.01010	-0.03244	-0.06910
IBKLE51H	0.47006	0.03133	0.04514	0.12052	0.37567	0.37567	0.67400	0.47091	-0.08944	0.22300
IBKLE51H	0.05178	0.01935	0.01709	0.03063	-0.42415	-0.16351	-0.13750	-0.22935	-0.30135	-0.21219
IBKLE51H	0.13077	0.03915	0.04759	0.04912	0.25485	0.20228	-0.17129	-0.19100	0.24707	-0.28510
IBKLE51H	0.32321	0.03707	0.04605	0.10184	0.34393	0.28701	0.13470	0.01009	0.04351	-0.05070
IBKLE51H	0.56308	0.03733	0.04221	0.00251	-0.01121	0.34347	0.32110	0.15099	0.16662	-0.09192
IBKLE51H	0.26771	0.04407	0.04931	0.00251	0.04540	0.05182	-0.17032	-0.25535	0.33093	-0.37340
IBKLE51H	0.36996	0.02634	0.04317	0.07372	0.17360	0.30288	-0.16265	-0.13251	0.16540	-0.20472
IBKPRELH	-0.32920	0.02640	-0.04103	-0.46352	0.02600	-0.50529	-0.45232	-0.20020	-0.12536	-0.13500
IBKPRELH	-0.02714	0.01773	-0.03707	0.15000	0.42683	-0.04170	-0.03333	-0.20055	-0.32033	-0.17600

IBK1	0.29923	-0.19174	-0.12733	0.36009	-0.42017	0.35241	0.02696	0.05779	0.57831	-0.06030
IBK2	0.22920	-0.26702	-0.06000	0.42625	-0.09239	0.59459	0.83209	0.53437	0.05491	0.15760

INSERV	0.06718	-0.12230	-0.20504	0.54410	0.38747	0.11056	-0.09914	0.15942	0.18054	-0.06433
INFLRM	-0.05523	-0.04805	-0.02702	-0.08970	-0.11326	-0.42691	0.02014	-0.24569	0.39553	0.04631
INFLRM	0.06934	-0.27180	-0.11493	0.21201	-0.17749	-0.08253	-0.38875	-0.24539	-0.08540	0.15000
PATLUCRT	-0.38700	-0.38663	-0.32184	0.26257	-0.59265	0.47383	0.13567	0.25962	-0.38767	0.12730
ADLUCACT	0.04177	-0.03710	-0.00074	0.78274	-0.28842	0.61904	0.72947	0.50968	0.12121	0.46003
ADLUCACT	0.44451	-0.04724	-0.15101	0.25000	-0.41738	0.44348	0.16190	0.33564	-0.35120	-0.55692
RJLUCACT	-0.13150	-0.03833	-0.12774	-0.46380	-0.19402	-0.32018	-0.08021	-0.23504	-0.25030	-0.25461
RJLUCACT	-0.11355	-0.03150	-0.03389	0.15942	0.70281	0.06429	-0.00994	-0.25968	0.25249	0.15300
CP1CS	-0.05442	-0.02740	-0.00000	-0.17777	-0.10343	0.22187	0.29415	-0.31202	-0.43321	0.20500
CP1SY	-0.00082	-0.04333	-0.04386	-0.27973	0.14420	-0.22179	-0.30020	-0.33939	-0.00417	-0.00000
CP1SP	-0.50417	-0.01150	-0.25875	-0.55423	-0.07395	-0.05753	-0.04654	-0.39481	-0.54771	-0.02337
CP1SI	-0.22341	-0.02105	-0.04070	-0.25460	-0.48219	0.40640	0.10573	0.06505	-0.14179	0.00000
CP1SE	0.08464	-0.01581	-0.04794	0.00000	0.60905	0.23202	0.25201	0.19220	0.30069	0.03201
CP1SC	-0.19897	-0.04500	0.04904	-0.42210	0.39111	-0.57099	-0.39664	0.49000	0.09190	-0.51970
CP1SD	0.25335	-0.02074	0.49237	0.05167	0.40580	-0.39602	-0.15200	0.19008	-0.14443	0.45300
CP1ID	0.09478	-0.04715	0.40392	0.08393	0.23194	-0.64131	-0.37399	0.29000	0.56612	-0.21042
CP1IG	-0.14596	-0.02621	0.06000	-0.23871	-0.00277	-0.05594	-0.00524	-0.33623	0.07973	-0.08962
CP1IH	-0.10323	-0.04572	0.49320	-0.38059	-0.07652	-0.31311	-0.64431	-0.15249	0.37317	-0.35702
CP1IAC	-0.13974	-0.03918	0.44206	-0.27521	0.33449	0.14747	-0.07780	0.12607	-0.06801	0.07000
CP1IAI	-0.08594	-0.02130	0.34374	-0.27521	0.31010	-0.51073	-0.16074	0.18074	0.04910	-0.03604
CP1IE	-0.08527	-0.04813	0.50740	-0.27521	0.55261	-0.13814	-0.32722	0.07320	-0.07320	-0.04460
CP1IF	0.03382	-0.03470	0.00470	-0.11937	0.00470	0.04444	0.04444	0.07112	0.04725	-0.01230
CP1IFX	0.06481	-0.00981	-0.00920	-0.00920	-0.01709	-0.03143	0.55099	-0.19774	-0.25399	0.20000
CP1IFC	0.27711	-0.06731	0.02604	-0.20380	0.01350	0.12828	0.32642	-0.20000	0.35111	-0.10300
PJ111	-0.17410	0.04653	0.32233	0.20961	0.54700	0.07890	0.00600	-0.21272	-0.61244	0.32993
PJ11C	0.18575	0.00970	0.30244	0.17223	0.51980	0.03724	0.00640	0.25660	0.65405	-0.29943
PJ11D	0.05353	-0.07174	0.24290	0.07152	-0.23730	-0.31520	0.00000	-0.13074	-0.04702	0.00000
PJ11E	-0.13005	-0.07174	0.04933	0.04152	-0.01177	0.40513	0.37561	0.18151	0.06020	0.13049
PJ11X	0.03949	0.00000	0.13924	0.56533	-0.38083	0.25029	-0.23489	-0.50801	-0.71448	-0.03131
PJ11R	0.49060	-0.07629	-0.15453	-0.02114	-0.02097	0.10835	0.36641	-0.08912	0.28402	0.18399
PJ11S	-0.10933	-0.03960	-0.23990	-0.25207	0.23202	0.48195	0.72320	0.49335	-0.19715	0.44130
PJ11B	-0.37054	-0.02930	-0.24700	-0.08537	0.07810	0.21612	-0.07312	-0.16380	0.05567	0.01600
PJ11A	0.41343	-0.00950	-0.00000	0.32471	0.36010	0.30416	-0.14973	-0.03729	-0.35709	-0.07690
PJ11C	0.46620	0.19837	0.14003	0.54340	0.33100	0.05939	-0.08310	0.08000	0.77209	-0.07180
PJ11E	0.00367	-0.02549	-0.02040	-0.32092	-0.35274	-0.45491	0.25044	-0.20100	-0.24718	-0.13770
PJ11A	0.13027	-0.07271	-0.30926	-0.16011	0.09254	-0.20207	-0.12612	-0.15293	-0.01203	-0.06907
PJ11C	0.15343	-0.02630	-0.00773	0.03060	0.35559	0.40133	-0.13977	0.34960	0.47808	-0.05170
ENHFLDY	0.03918	-0.04222	-0.03940	0.61267	0.16900	0.03101	0.13037	0.06628	0.31330	0.18571
AGE	0.03313	-0.01769	-0.04687	0.45179						

IBKLVN1	0.46432	0.04333	0.17331	0.86254	0.30983	0.63295	0.36005	0.04412	0.42472	0.2557
IBKLVN2	0.22756	0.02144	0.34390	0.66020	0.11660	0.65222	0.44300	0.70440	0.39235	0.0885
IBKPRENT	0.46432	0.36999	0.32809	0.10307	0.45975	0.28215	0.76530	0.23122	0.00222	0.0852
IBKPREUR	0.72323	0.21347	0.24770	0.65820	0.24065	0.51550	0.66441	0.21261	0.11024	0.9713

	IBKLVTH	IBKNURST	IBKUR1	IBKRVN1	IBKRVDR	IBKPRENT	IBKPREUR
WORKINZ	0.46310	0.07612	0.55007	0.50210	0.44250	0.05946	0.03741
WORKKANZ	0.53542	0.44477	0.44372	0.36057	0.03253	0.29503	0.22663
INSTRV	0.63707	0.44025	0.15350	0.73544	0.52925	0.01160	0.05650
INFORM	0.38223	0.42550	0.11607	0.29441	0.42504	0.15574	0.05503
INFLUEN	0.09732	0.50150	0.06795	0.19470	0.01934	0.53054	0.02842
PATLOCAT	0.38496	0.05330	0.35350	0.27485	0.44564	0.55001	0.00553
ADLOCAT	0.09265	0.19242	0.59531	0.65020	0.68185	0.05064	0.47020
ADLOCAT	0.80943	0.01935	0.07851	0.28935	0.47449	0.52063	0.36767
RSLOCAT	0.40063	0.39063	0.00407	0.38633	0.46731	0.38996	0.15953
CPILDR	0.13749	0.34447	0.12755	0.29042	0.07734	0.02977	0.14551
CPICB	0.36993	0.28940	0.04105	0.18340	0.13100	0.42612	0.30819
CPISY	0.20755	0.29550	0.02412	0.18391	0.21370	0.35394	0.03951
CPISP	0.39070	0.06010	0.39021	0.52670	0.27361	0.07071	0.03410
CPISA	0.07266	0.04772	0.13047	0.13260	0.22112	0.21647	0.07380
CPIRB	0.24406	0.11641	0.26305	0.26041	0.21411	0.46044	0.14014
CPICE	0.20553	0.06301	0.35105	0.19040	0.27303	0.46730	0.39920
CPISD	0.45017	0.25560	0.14599	0.24533	0.59100	0.31645	0.37380
CPISC	0.26087	0.35500	0.28103	0.36550	0.26045	0.41076	0.11670
CPITD	0.16142	0.09477	0.09325	0.19624	0.12527	0.56066	0.22581
CPITG	0.11466	0.37917	0.11720	0.04631	0.15361	0.20920	0.30416
CPITC	0.20326	0.34105	0.09559	0.28234	0.14434	0.13742	0.03673
CPITB	0.17802	0.10946	0.03047	0.11494	0.21510	0.13493	0.06791
CPITAI	0.25335	0.42862	0.21943	0.31019	0.20069	0.61773	0.11167
CPITIE	0.19915	0.34413	0.44671	0.23725	0.15177	0.36693	0.06610
CPITFY	0.22032	0.46957	0.34954	0.08822	0.11729	0.66505	0.17472
CPITFX	0.08902	0.12681	0.05904	0.15769	0.01300	0.40630	0.22207
CPITFE	0.10749	0.47930	0.31907	0.25391	0.00711	0.41880	0.08343
PULIT	0.08917	0.32274	0.27317	0.00000	0.06779	0.62210	0.13066
PULIC	0.08217	0.04531	0.31907	0.03154	0.11370	0.00007	0.10622
PULID	0.12346	0.64979	0.25209	0.04211	0.23950	0.30079	0.07361
PULIS	0.09773	0.37992	0.30550	0.05499	0.23133	0.20733	0.17084
PULISV	0.60284	0.47165	0.64100	0.08352	0.50261	0.59504	0.17309
PULISV	0.05317	0.23170	0.28793	0.14245	0.01262	0.49538	0.30050
PULISV	0.10352	0.32009	0.26713	0.00000	0.17469	0.04708	0.42640
PULISV	0.13967	0.31377	0.27049	0.03170	0.19730	0.42224	0.11930
PULISV	0.02082	0.08152	0.09913	0.09071	0.11090	0.14410	0.04199
PULISV	0.37070	0.42862	0.23791	0.49888	0.32910	0.27212	0.00633
PULISV	0.30745	0.49862	0.23712	0.37019	0.23814	0.09338	0.01440
PULISV	0.51430	0.41765	0.04155	0.35239	0.45050	0.06249	0.04093
PULISV	0.29423	0.05347	0.04940	0.32425	0.25587	0.11903	0.09077
PULISV	0.32697	0.32331	0.56300	0.26771	0.36940	0.32926	0.02714
EMPLUY1	0.39518	0.42707	0.37332	0.54077	0.26554	0.02646	0.17730
AGE	0.47369	0.16856	0.12210	0.37711	0.43191	0.41093	0.17187
PWDS	0.04512	0.16184	0.33651	0.02247	0.05872	0.46052	0.15000
PWDS	0.25435	0.34393	0.01321	0.34240	0.17363	0.02600	0.42683
PWDS	0.20226	0.28755	0.28387	0.05162	0.30286	0.50529	0.04170
IPGSC	0.17129	0.13475	0.32156	0.17032	0.16265	0.43252	0.63333
IBI	0.31180	0.00189	0.35095	0.25531	0.13261	0.05020	0.32655
IBILAW	0.24707	0.04391	0.19652	0.33893	0.16540	0.12535	0.12075
IBIS	0.28556	0.03075	0.09112	0.37345	0.26372	0.13530	0.17400
IBKI	0.33902	0.47447	0.17343	0.46432	0.22750	0.40432	0.72323

IBK2	0.00835	0.43557	0.29650	0.04333	0.02144	0.36996	0.21347
IBK4	0.27948	0.15046	0.49120	0.17331	0.34300	0.02889	0.24790
IBK11	0.77960	0.22117	0.07873	0.06254	0.66020	0.10307	0.65820
IBK15	0.20559	0.18490	0.46243	0.40983	0.11860	0.45975	0.24085
IBK17	0.75703	0.17291	0.75807	0.37090	0.09222	0.20215	0.51550
IBK19	0.42057	0.06660	0.50227	0.36005	0.44300	0.26530	0.08441
IBK22	0.74015	0.02460	0.73122	0.44412	0.70440	0.23122	0.21261
IBKLESTH	0.41929	0.34153	0.64350	0.22672	0.39235	0.00292	0.11824
IBKPRELTH	0.16495	0.26302	0.44310	0.28572	0.08857	0.08524	0.97130
IBKRVN1	1.00000	0.20022	0.73717	0.49575	0.97685	0.33374	0.24315
IBKNURST	0.20029	1.00000	0.18947	0.41307	0.03144	0.05120	0.24155
IBKUR1	0.73717	0.18947	1.00000	0.71760	0.71130	0.55717	0.57285
IBKRVN1	0.95756	0.41307	0.71760	1.00000	0.67373	0.29078	0.32295
IBKRVDR	0.97685	0.03144	0.71130	0.67373	1.00000	0.34739	0.17065
IBKPRENT	0.33374	0.05120	0.55717	0.29078	0.34739	1.00000	0.15386
IBKPREUR	0.24315	0.24155	0.57285	0.32295	0.17065	0.15386	1.00000

DETERMINANT OF CORRELATION MATRIX = 5.000000E 0.
 CORRELATION MATRIX IS SINGULAR, CANNOT BE INVERTED.

VARIABLE	EST COMMUNALITY	FACTOR	EIGENVALUE	PCT OF VAR	CUM PCT
WORKINZ	1.00000	1	14.26442	21.3	21.3
WORKKANZ	1.00000	2	11.97071	17.1	38.4
INSTRV	1.00000	3	10.09641	15.1	53.5
INFORM	1.00000	4	8.41229	12.6	66.0
INFLUEN	1.00000	5	6.39046	9.5	75.6
PATLOCAT	1.00000	6	5.76395	8.6	84.2
ADLOCAT	1.00000	7	4.97594	7.4	91.6
ADLOCAT	1.00000	8	3.97594	5.8	96.2
RSLOCAT	1.00000	9	2.94242	4.3	100.0
CPILDR	1.00000	10	0.00000	0.0	100.0
CPICB	1.00000	11	0.00000	0.0	100.0
CPISY	1.00000	12	0.00000	0.0	100.0
CPISP	1.00000	13	0.00000	0.0	100.0
CPISA	1.00000	14	0.00000	0.0	100.0
CPIRB	1.00000	15	0.00000	0.0	100.0
CPICE	1.00000	16	0.00000	0.0	100.0
CPISD	1.00000	17	0.00000	0.0	100.0
CPISC	1.00000	18	0.00000	0.0	100.0
CPITD	1.00000	19	0.00000	0.0	100.0
CPITG	1.00000	20	0.00000	0.0	100.0
CPITC	1.00000	21	0.00000	0.0	100.0
CPITB	1.00000	22	0.00000	0.0	100.0
CPITAI	1.00000	23	0.00000	0.0	100.0
CPITIE	1.00000	24	0.00000	0.0	100.0
CPITFY	1.00000	25	0.00000	0.0	100.0
CPITFX	1.00000	26	0.00000	0.0	100.0

FILE INHUVAT (CREATION DATE = 03/07/80) CHARGE NURSE BIOGRAPHIC PSYCHOLOGIC AND BEHAVIOUR DATA

DELTA F 0.00
ROTATION FOR DIRECT OBLIMIN LOADINGS

ITERATION DIRECTION
CRITERION

0	47.023915
1	46.440000
2	45.166027
3	43.473632
4	41.510794
5	39.690625
6	38.291963
7	37.350413
8	36.751675
9	36.391693
10	36.159315
11	36.000222
12	35.887029
13	35.796182
14	35.720462
15	35.655070
16	35.597405
17	35.546237
18	35.500514
19	35.459606
20	35.423158
21	35.390489
22	35.361177
23	35.334759
24	35.310803
25	35.288911

FILE INHUVAT (CREATION DATE = 03/07/80) CHARGE NURSE BIOGRAPHIC PSYCHOLOGIC AND BEHAVIOUR DATA

AFTER ROTATION WITH KAISER NORMALIZATION

FACTOR PATTERN

	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4	FACTOR 5	FACTOR 6	FACTOR 7	FACTOR 8	FACTOR 9
WORKINZ	-0.40024	0.18354	0.50552	-0.00830	0.59921	-0.12914	0.01726	0.07993	0.55512
WORKNEAZ	-0.06811	0.40266	0.37003	0.51985	-0.43540	-0.16952	0.13045	0.22931	-0.20039
INSERV	0.06105	0.42284	0.01622	0.45260	-0.17030	-0.33028	-0.05461	-0.00590	0.33469
INFURM	-0.25466	0.40734	0.17004	-0.50941	-0.24530	0.36317	0.14003	-0.03115	0.36715
INFURM	-0.09920	0.40171	-0.30007	0.35824	0.18923	0.39232	0.02501	-0.01801	0.42349
PATIENT	-0.24714	-0.07627	-0.49013	0.81533	-0.00162	-0.07660	-0.06970	0.03553	-0.15078
ADLUCAT	-0.00169	-0.41723	-0.27074	0.01563	-0.08931	-0.13694	0.40320	0.00732	0.33577
ADLUCAT	0.01014	-0.04685	-0.20943	0.94090	-0.04102	-0.03730	-0.16212	0.11293	0.05050
CPFLOWT	0.02924	-0.45580	-0.39782	0.15703	-0.34990	-0.12462	0.05340	-0.18078	-0.18078
CPICG	0.07638	-0.09480	-0.21531	0.00447	-0.19641	-0.08470	0.11670	-0.16839	-0.51125
CPISY	0.71258	-0.41230	-0.07494	0.01963	-0.08101	-0.25482	0.03347	-0.31791	-0.02363
CPISP	0.71515	0.15054	-0.44677	0.05244	-0.03180	-0.05297	-0.16807	0.18062	-0.40511
CPISA	0.11292	0.17764	-0.17873	0.19573	0.10393	0.25482	-0.01199	0.09090	-0.00349
CPISB	0.05873	0.02264	0.11847	-0.06372	0.07650	-0.02512	0.12722	-0.20894	-0.11902
CPISK	0.56509	-0.07670	0.17570	-0.33099	-0.18090	-0.30521	-0.39620	-0.43819	-0.03607
CPISO	0.23145	-0.26695	-0.29660	-0.39380	0.13497	0.14784	0.42009	0.12757	0.17411
CPISD	0.19078	-0.04183	0.50390	0.03790	0.12381	0.21195	-0.03367	0.05060	-0.04404
CPISL	0.59238	-0.04121	-0.02294	-0.14050	-0.24823	0.35405	-0.17555	-0.27073	-0.35096
CPISU	0.14037	-0.03293	0.22330	-0.12393	0.07309	0.41557	-0.23537	-0.30325	0.12593
CPISV	0.11374	-0.20794	-0.15893	-0.19031	0.09050	-0.03099	-0.02580	0.42003	0.16300
CPISW	0.05553	-0.01310	-0.11731	-0.21543	-0.46270	0.30149	-0.11305	-0.12514	-0.29708
CPISX	0.09875	0.11733	0.34954	-0.12209	-0.46270	0.29486	-0.17543	-0.01049	0.16223
CPISY	0.02064	0.13022	0.05108	0.15203	0.23110	-0.00892	0.03667	0.04200	0.08420
CPISZ	0.46000	0.17279	0.10081	0.07310	0.11279	0.10580	0.12820	-0.10027	-0.70731
CPISX	0.02272	0.10800	0.07933	0.14252	-0.79492	-0.12054	0.13393	0.05004	-0.12594
CPISY	-0.15132	0.06429	0.41317	-0.26417	-0.09751	0.26087	-0.05113	0.36055	-0.15757
PULLI	-0.02040	0.00804	-0.00940	0.16671	0.08045	-0.07856	0.15199	-0.07370	-0.01345
PULLI	0.04553	-0.01289	-0.06687	-0.05537	-0.09553	0.20476	-0.14361	-0.06333	-0.08107
PULLI	0.27003	-0.03507	-0.00130	-0.14140	-0.15600	0.04005	0.00617	-0.07945	0.05908
PULLI	0.09426	-0.01160	-0.05394	0.18961	0.09539	0.23033	0.04215	-0.16917	-0.10592
PULLI	0.25442	0.28067	-0.00092	0.13890	-0.00050	0.17925	-0.29471	0.27215	0.12197
PULLI	0.05415	0.74357	0.00060	-0.19487	-0.26485	0.39790	0.23333	-0.09971	-0.18453
PULLI	0.10279	0.32324	0.13205	0.18950	0.02312	-0.19372	0.34173	0.75464	0.18495
PULLI	0.28415	0.03702	-0.20710	-0.12104	0.16615	-0.02582	0.03089	-0.39028	-0.36754
PULLI	0.19920	-0.01310	0.25712	0.02150	0.60889	-0.04416	-0.04277	0.01593	-0.43253
PULLI	-0.25704	-0.46250	0.03431	0.03921	0.20721	0.05095	0.21050	0.38109	0.05506
PULLI	0.09280	-0.44834	-0.02104	0.43269	0.07876	-0.12832	0.06267	0.08850	0.00805
PULLI	0.07219	0.04751	-0.16090	-0.19605	-0.87637	0.10407	0.09823	0.00829	-0.00805
PULLI	-0.29594	0.72453	-0.09309	-0.34833	0.00053	-0.04155	0.17242	0.26780	-0.26780
PULLI	0.05951	0.55670	0.15447	0.01201	0.74685	-0.16125	-0.01149	-0.10002	-0.11192
ENFLQI	-0.05576	0.05054	0.01579	-0.16404	0.06980	-0.20020	0.27985	-0.05163	-0.22208
AGE	-0.05567	0.03040	0.01937	0.24355	0.12150	-0.24292	-0.09399	-0.20122	-0.04931
AGE	0.05189	-0.01032	0.12933	0.08665	0.17740	-0.05223	0.10563	-0.20985	-0.06493
AGE	0.08447	-0.11420	0.40099	0.16127	0.31531	-0.26290	-0.39571	-0.15908	0.59166
AGE	-0.26396	0.03389	0.31289	0.00270	-0.09275	0.39900	-0.04604	-0.09014	-0.01227
AGE	0.07151	0.24055	0.25250	-0.15593	0.17433	0.78922	-0.02609	-0.21247	0.03107
AGE	-0.27158	0.07607	0.00310	0.15593	0.23954	0.04127	-0.19791	-0.01320	-0.16936
AGE	-0.26396	-0.06424	-0.00004	-0.14012	0.26445	-0.01590	-0.24881	0.35170	0.05506
AGE	0.10111	-0.00320	0.14970	0.05597	-0.20013	0.75953	-0.20000	0.15779	-0.22453
AGE	-0.15092	0.11480	0.30323	-0.31500	-0.09067	0.06703	0.00793	-0.27100	0.07198
AGE	0.06759	-0.00791	0.04395	0.41291	-0.02543	-0.18178	-0.19157	0.19274	0.22155
AGE	0.09263	-0.04370	-0.00430	-0.07370	-0.24273	-0.15062	-0.20220	-0.05665	0.46188
AGE	-0.20062	-0.06553	0.14915	0.32754	-0.01044	-0.22719	0.70964	-0.25090	0.10020
AGE	0.05701	0.11793	0.30014	-0.14844	0.31682	-0.12893	0.23587	-0.00146	0.47272
AGE	-0.03550	0.06320	0.21633	0.54067	0.33521	-0.02557	0.46787	0.23000	-0.38129
AGE	0.03906	0.14350	0.10527	0.22302	-0.36753	-0.26416	0.64573	0.20591	-0.13342
AGE	-0.12011	-0.05223	0.03303	0.52262	0.34147	0.02613	0.19150	0.06190	-0.06320

IBKREKSH	-0.12561	0.13796	0.29576	-0.01373	0.17254	0.40619	-0.07792	-0.26759	0.10994
IBKREKSH	-0.05723	-0.02922	-0.31777	-0.01041	0.05511	0.00001	0.99374	-0.15365	0.05303
IBKREKSH	-0.10387	0.04934	0.43070	0.01783	0.17673	-0.18334	0.23943	-0.30105	-0.16600
IBKREKSH	-0.14340	-0.11847	0.12004	0.04337	-0.18450	0.25113	0.34530	-0.49593	-0.55633
IBKREKSH	-0.05193	0.14737	0.51792	0.18170	0.22920	0.17003	0.38390	-0.00249	-0.04766
IBKREKSH	-0.14015	-0.07659	0.37099	0.46601	0.18355	-0.23447	0.26355	-0.42257	-0.47601
IBKREKSH	-0.07971	0.13250	0.44710	0.02674	0.15180	-0.13537	0.13423	-0.19441	-0.24947
IBKREKSH	-0.38284	-0.16250	-0.09612	0.17250	0.10394	-0.04724	-0.18734	0.23537	-0.34231
IBKREKSH	0.14002	-0.05331	-0.15994	-0.07129	0.02986	-0.00331	1.02462	0.09567	-0.02901

FACTOR CORRELATIONS

	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4	FACTOR 5	FACTOR 6	FACTOR 7	FACTOR 8	FACTOR 9
FACTOR 1	1.00000	-0.02627	-0.01197	-0.16952	-0.01940	0.10030	-0.05077	-0.03353	-0.19556
FACTOR 2	-0.02627	1.00000	0.07427	-0.05422	0.01533	-0.07068	0.15220	0.12754	-0.13080
FACTOR 3	-0.01197	0.07427	1.00000	-0.02309	0.06180	-0.01026	0.12904	-0.12733	0.04275
FACTOR 4	-0.16952	-0.05422	-0.02309	1.00000	0.04643	-0.12718	0.17125	0.01165	0.07651
FACTOR 5	-0.01940	0.01533	0.06180	0.04643	1.00000	-0.03143	-0.01976	-0.10195	0.03646
FACTOR 6	0.10030	-0.07068	-0.01026	-0.12718	-0.03143	1.00000	-0.00642	-0.04725	0.17030
FACTOR 7	-0.05077	0.15220	0.12904	0.17125	-0.00642	-0.00642	1.00000	0.02201	-0.02201
FACTOR 8	-0.03353	0.12754	-0.12733	0.01165	-0.10195	-0.04725	0.02201	1.00000	-0.03369
FACTOR 9	-0.19556	-0.13080	0.04275	0.07651	0.03646	0.17030	-0.02201	-0.03369	1.00000

FACTOR STRUCTURE

	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4	FACTOR 5	FACTOR 6	FACTOR 7	FACTOR 8	FACTOR 9
WUKKINZ	-0.48229	0.24015	0.56227	0.56684	0.64352	-0.24403	0.12497	-0.00017	0.30699
WUKKINZ	-0.15122	0.42784	0.24315	0.53923	-0.40950	-0.23637	0.33947	-0.28405	-0.26074
INSTRM	-0.02075	-0.09340	0.11777	0.47311	0.28650	-0.10661	0.35861	-0.70127	0.36968
INFORM	-0.04755	0.39695	-0.23577	0.64900	-0.24802	0.32093	0.15075	0.00756	0.35340
INFORM	-0.17330	-0.20520	-0.49383	0.34750	-0.22852	-0.26315	0.04120	-0.44900	0.14160
PATLOCAT	-0.32239	-0.14380	-0.45289	0.85720	0.00421	-0.01278	0.01600	0.00024	-0.19084
AULLCAT	-0.21084	0.42539	-0.25093	0.54800	-0.03510	-0.30921	0.60577	0.02275	0.27100
AULLCAT	-0.21693	-0.13717	-0.33580	0.52077	-0.02139	-0.09508	-0.04170	0.13992	-0.02907
RTLOCAT	0.16563	0.33370	0.32792	-0.83912	0.31770	-0.01514	-0.20197	0.04053	-0.11911
CFI000	0.16484	-0.17414	-0.47300	0.15259	-0.39040	0.54860	0.06254	-0.11670	0.61016
CFI05	0.52023	-0.17454	-0.22628	-0.60373	-0.24330	0.10070	0.16234	0.03508	0.74794
CFI05	0.76124	0.22050	-0.35300	-0.15393	-0.08204	0.60702	-0.02117	-0.36605	-0.13564
CFI05	0.76020	0.14082	-0.47279	-0.06484	-0.09180	0.05218	-0.24352	0.24933	-0.48920
CFI05	0.29726	0.24956	0.20752	0.20454	0.05420	0.36475	-0.06587	0.14181	-0.91701
CFI05	0.09030	0.03932	0.20107	0.23367	0.69280	0.05153	0.09320	-0.38709	-0.18559
CFI05	0.63783	-0.15334	0.16499	0.45077	-0.13700	-0.16997	-0.45750	0.00800	-0.05119
CFI05	0.14715	-0.24384	-0.23409	0.40565	0.09113	0.10426	-0.07350	0.02412	0.70349
CFI05	0.24401	-0.07104	-0.49729	-0.11014	-0.17134	0.29170	-0.07303	-0.32412	-0.52597
CFI05	0.72379	0.02773	-0.46607	-0.23277	-0.26753	0.51236	0.12450	-0.27425	-0.52597
CFI05	0.27224	-0.07302	-0.16070	-0.19404	0.08627	0.52040	-0.33207	-0.43149	-0.11550
CFI05	0.07106	0.23805	-0.12693	-0.32393	0.64162	-0.16002	-0.03174	0.36008	0.10160
CFI05	0.40620	-0.05567	-0.12270	-0.21652	0.36277	0.45006	-0.06950	-0.24191	-0.30275
CFI05	0.74949	0.13555	0.52013	-0.33787	-0.46049	-0.16385	-0.19985	0.14748	-0.25004

CFI05	0.94384	0.13840	0.10004	-0.29724	0.20843	0.10578	-0.06089	-0.01099	-0.21787
CFI05	0.58945	0.24327	0.12609	-0.05313	0.10243	0.25583	-0.11471	-0.15331	-0.52095
CFI05	0.13084	0.23024	0.03000	0.40012	-0.00152	-0.05149	0.16520	0.12013	-0.25783
CFI05	-0.06748	0.07302	0.00179	-0.31061	-0.11993	0.16431	0.05141	0.41428	-0.23122
PUI01	-0.55779	-0.02380	-0.77174	0.21150	0.05495	-0.14276	-0.11260	0.03600	0.06404
PUI01	-0.55756	-0.01933	-0.77179	0.22230	-0.06543	-0.24363	-0.07981	-0.05445	-0.03360
PUI01	-0.23404	-0.23450	-0.05332	-0.05120	-0.16401	-0.10568	-0.17904	-0.17766	0.23702
PUI01	0.10652	-0.23412	-0.05000	0.11320	0.08334	0.16035	0.19191	0.26791	-0.30441
PUI01	0.23920	0.17720	-0.28109	0.01380	-0.06515	0.14090	-0.35159	0.39445	0.05000
PUI01	0.12742	0.43880	0.16120	0.28950	-0.27087	0.40785	0.33080	-0.10318	-0.30762
PUI01	-0.04129	0.40439	0.11030	0.21402	-0.27087	0.40785	0.33080	-0.10318	-0.30762
PUI01	0.35171	0.13633	-0.11443	-0.25844	-0.20323	-0.30523	0.41553	-0.70259	0.13154
PUI01	0.24378	0.03253	-0.49009	0.17370	-0.00302	0.56757	-0.00302	-0.29652	-0.50968
PUI01	-0.32034	-0.11301	0.03596	0.03320	0.17760	0.10486	0.15657	0.05504	0.40763
PUI01	0.28002	-0.34803	-0.28441	-0.20060	0.34603	0.25416	-0.30704	0.21039	0.64657
PUI01	0.13109	0.20449	-0.20204	-0.39112	-0.89850	0.14255	-0.09572	0.19129	0.10904
PUI01	-0.31992	0.05091	-0.04924	-0.37424	-0.00540	-0.19205	-0.05420	-0.29952	0.25215
PUI01	0.07115	0.25703	0.25327	-0.60070	0.77160	0.12345	0.07704	-0.19048	-0.18500
ENFLINT	-0.53080	0.29497	0.17129	-0.02080	0.14510	-0.28748	0.36002	-0.35068	0.37316
AGE	-0.09956	0.02499	0.00924	0.40621	0.17684	-0.34078	0.00650	0.16349	0.14724
PI05	-0.57005	-0.08543	0.16930	-0.05090	0.18016	0.76254	0.10341	-0.35511	-0.26952
PUS0	-0.06332	0.23310	0.40973	0.08473	0.40032	-0.39534	-0.32799	-0.25722	0.65463
IP05C	-0.03140	0.11732	0.27350	0.02605	-0.10202	0.52513	0.00010	-0.10513	-0.83026
IBH	-0.19997	0.17982	0.30450	-0.43497	0.17744	0.81421	-0.01471	-0.27712	-0.10721
IBLAHN	-0.12360	0.02163	0.09990	-0.20120	-0.21640	-0.19240	-0.19240	-0.05734	-0.26772
IBT0	-0.30340	-0.05914	0.02617	-0.00082	0.22619	0.00000	0.00000	0.32560	0.18116
IBT0	0.24050	-0.34423	0.04677	-0.07320	-0.24002	0.85502	-0.23749	0.00890	-0.36292
IBK1	-0.16136	0.23701	0.41989	-0.17950	-0.07900	0.07558	0.03115	-0.20300	0.13538
IBK2	0.00419	-0.07723	0.06700	0.36634	-0.03022	0.15110	-0.24650	0.60931	0.23973
IBK4	0.01529	0.44330	-0.06522	-0.20620	0.25343	-0.19560	-0.36693	-0.14027	0.41891
IBK11	-0.33116	0.01433	0.20900	0.50430	0.03975	-0.29714	0.79930	-0.28995	0.20210
IBK15	-0.44324	0.13623	0.47547	-0.19320	0.35670	-0.35792	0.25340	-0.17423	0.45245
IBK19	-0.09755	0.20382	0.24577	0.66339	0.32877	-0.06120	0.37753	0.16995	-0.39418
IBK19	-0.05632	0.37052	0.21919	0.34112	-0.38157	-0.30790	0.73350	0.13040	-0.13890
IBK22	-0.23121	0.05754	0.62222	0.57020	0.36294	-0.07321	0.34281	-0.32111	-0.04397
IBKREKSH	-0.10018	0.11119	0.04292	-0.07930	-0.24599	0.36470	0.05670	-0.38403	0.09296
IBKREKSH	-0.30794	0.34070	0.21111	0.13844	-0.00210	0.00397	0.22310	-0.13048	0.06225
IBKREKSH	-0.20078	0.08292	0.49717	0.11260	-0.13044	-0.26327	0.41800	-0.36431	-0.12720
IBKREKSH	-0.22787	-0.00129	0.19734	0.06780	-0.13044	0.13044	0.13044	-0.49339	-0.61261
IBKREKSH	-0.08931	0.30712	0.02732	0.27141	0.32423	0.18317	0.34934	-0.17758	-0.13200
IBKREKSH	-0.24212	-0.05255	0.47519	0.59415	-0.27145	0.13044	0.13044	-0.49339	-0.61261
IBKREKSH	-0.16924	0.47151	0.46631	0.76167	0.22733	-0.19569	0.33520	-0.24407	0.24575
IBKREKSH	-0.46176	-0.25320	-0.07330	0.20192	0.06439	-0.06800	-0.21191	0.29539	-0.37974
IBKREKSH	0.10221	0.10070	-0.03333	0.08916	-0.01743	0.02015	0.96600	0.00691	-0.02800

FACTOR SCORE COEFFICIENTS

FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4	FACTOR 5	FACTOR 6	FACTOR 7	FACTOR 8	FACTOR 9
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WORKINZ	-0.04400	0.01562	0.05050	-0.00800	0.08920	-0.01141	-0.00692	0.02814	0.01306
WORKFAZ	-0.00095	0.04371	0.05203	0.07453	-0.07433	-0.02146	-0.00625	0.03971	-0.02200
INSEV	0.02362	0.02995	-0.01690	0.07035	-0.01190	-0.00469	-0.02777	-0.03999	0.05054
INFORM	-0.04240	0.05212	0.01427	-0.08064	-0.04141	0.06640	0.02306	-0.01629	0.05043
INFORM	0.00355	0.02951	-0.00694	-0.00694	0.02572	0.08563	0.00203	-0.11554	0.00091
PATLOCAT	-0.01771	-0.00985	-0.04432	0.11637	-0.00023	0.02602	-0.02270	0.00300	-0.01929
ADLOCAT	0.02443	0.05693	0.01200	0.09370	-0.02074	0.00205	0.04170	-0.00247	0.02707
ADLOCAT	0.01251	0.00704	-0.02019	0.14550	-0.00742	0.02706	-0.04321	0.02401	0.02903
RELOCAT	-0.01007	0.01343	0.02350	-0.12962	-0.05724	-0.03993	-0.00342	0.00957	-0.04077
CP100M	-0.01160	-0.01743	-0.04730	0.01890	-0.05145	0.00501	0.02417	0.00470	0.06296
CP100	0.05782	0.00063	-0.02520	-0.00981	-0.02550	-0.03303	0.04105	-0.01279	-0.08408
CP150	0.00516	0.00327	-0.01944	0.02620	-0.01313	0.00994	0.00943	0.00034	0.04466
CP150	0.00891	0.01742	-0.04590	0.02130	-0.00319	-0.01745	-0.00210	0.03216	-0.02310
CP150	-0.00177	0.01070	-0.01610	0.02249	0.02110	-0.02336	-0.00322	0.01531	-0.01077
CP150	0.00977	0.00270	-0.00600	-0.00717	-0.10539	-0.01458	-0.02509	-0.04002	-0.01055
CP150	0.00971	0.00197	0.00294	-0.02707	-0.03831	-0.00789	-0.05903	-0.03064	-0.01150
CP150	0.00142	-0.02207	-0.04802	-0.05042	0.03141	0.00309	0.00827	0.03972	-0.01269
CP150	0.00123	-0.00762	0.05601	-0.00490	0.01374	0.02099	-0.00827	-0.05019	-0.01269
CP150	0.00749	0.00773	-0.00591	-0.01303	0.03083	0.03370	0.03372	-0.00229	-0.02056
CP150	0.00264	-0.00633	0.02229	-0.01371	0.00950	0.05136	-0.02682	-0.04549	-0.02056
CP150	0.00263	0.05132	-0.02332	-0.02015	0.11700	0.00503	-0.00123	0.00245	0.03547
CP150	0.00210	-0.00810	-0.00203	-0.03850	0.07241	0.02004	0.03960	-0.00507	-0.04610
CP150	0.00737	0.01369	0.03720	-0.01040	-0.07540	-0.00458	-0.02987	-0.00902	-0.01978
CP150	0.11237	0.01522	0.00572	-0.00330	0.03999	-0.00081	0.00370	0.01630	-0.01500
CP150	0.00393	0.01350	0.01037	0.00652	0.01703	-0.00708	0.01457	0.00419	-0.00216
CP150	0.00447	0.01409	0.01600	0.02990	-0.12634	-0.02596	0.01472	0.00010	-0.00404
CP150	-0.02086	0.00847	0.00539	-0.01139	-0.01533	-0.03274	-0.01595	0.00893	-0.01041
CP150	0.00599	0.00229	-0.01000	-0.03732	-0.01780	-0.00225	-0.03230	-0.01307	-0.00942
CP150	0.00465	0.00444	0.00909	0.01350	-0.02007	0.02739	-0.03370	0.03001	-0.02757
CP150	-0.00400	-0.11622	0.00331	-0.03995	-0.02092	0.00104	0.02751	0.00016	-0.01655
CP150	0.00100	0.11183	-0.01013	0.04260	0.01381	0.04900	-0.01007	0.01905	0.01490
CP150	0.00434	0.04369	-0.00910	0.04200	0.00970	0.04375	-0.04287	0.04530	0.04874
CP150	-0.00233	0.00916	0.00310	-0.01940	-0.04560	0.00620	-0.02500	-0.03504	-0.00092
CP150	0.00385	0.00210	0.00201	0.02963	0.01260	-0.01453	0.04434	0.00545	0.03062
CP150	0.00237	0.00944	-0.03552	0.00394	0.02374	-0.00413	-0.00182	-0.01040	-0.03914
CP150	0.00220	0.00293	-0.00700	0.01799	0.00250	-0.01220	-0.00214	-0.00017	-0.00540
CP150	-0.00230	-0.00272	0.00700	0.00940	0.01660	-0.004362	-0.00244	0.00051	0.04065
CP150	-0.00993	-0.00700	-0.01647	-0.05267	0.06131	-0.01444	0.00630	0.00667	-0.11659
CP150	-0.00264	0.00423	-0.01075	-0.01627	-0.13902	-0.01445	-0.01507	-0.01309	0.00958
CP150	-0.00263	0.00947	-0.01117	-0.04217	-0.00160	-0.00091	-0.00210	0.01536	0.04207
CP150	0.00030	0.00647	0.00600	0.00600	-0.11339	-0.02022	-0.01364	-0.03333	-0.00499
CP150	0.00713	0.00320	-0.00415	-0.00415	0.00000	-0.02752	0.00610	-0.13349	0.01166
AGE	-0.10301	0.00530	-0.00003	0.01664	0.01130	-0.00319	-0.02443	-0.02231	-0.03333
PROS	0.00022	0.00670	0.00509	0.03107	0.02662	0.01594	0.01572	-0.04492	0.02296
POSS	0.00284	0.00222	0.04743	0.03900	0.03990	-0.02943	-0.07454	-0.02019	0.08549
PCNUS	-0.00516	-0.00534	0.04302	-0.01130	-0.01750	0.03943	-0.01154	0.02214	-0.12499
IRGSC	0.00370	0.00382	0.01909	-0.02751	0.02397	0.12495	-0.00531	0.04212	0.02618
IBK	-0.00454	0.00150	0.00752	-0.00567	0.03820	0.10203	-0.03227	-0.00305	-0.00769
IBTAMN	-0.00375	-0.00900	0.00000	-0.04115	0.03403	0.10020	-0.03319	-0.00350	-0.04028
IBK1	0.00142	-0.00320	0.02437	-0.02415	-0.02752	0.12078	-0.03140	0.00000	-0.01153
IBK2	-0.02470	0.00300	0.02020	-0.06480	-0.01833	0.00005	0.10219	-0.04062	-0.00007
IBK4	0.00919	0.00910	0.01275	0.06730	-0.00020	0.03743	-0.02009	0.00664	0.03628
IBK15	-0.00189	-0.00303	-0.00070	-0.00910	-0.04010	-0.03070	0.03311	0.00360	0.07750
IBK15	0.00138	-0.01200	0.00530	0.02532	-0.00660	-0.03023	0.10893	-0.00346	0.00563
IBK17	0.00359	0.01511	0.03432	-0.01235	-0.00667	-0.04733	0.03635	-0.00500	-0.07410
IBK17	0.00116	0.00940	0.00001	0.00000	-0.05333	-0.00049	0.00929	0.00920	-0.05324
IBK22	0.00139	0.00370	0.02277	-0.01592	-0.05567	-0.04807	0.02747	0.00619	-0.02299
IBK22	-0.00453	-0.01024	0.00994	0.00707	0.05255	0.01132	-0.01381	0.00905	-0.00703
IBKRESH	0.00206	0.00287	0.00910	0.00770	0.01450	0.02605	-0.02350	-0.04475	0.02138
IBKPRETH	0.01374	-0.00314	0.00570	-0.02592	0.02000	0.00001	0.11729	0.03652	-0.00794
IBKLVTH	-0.00304	0.00750	0.04504	0.07774	0.01570	-0.02737	0.01015	-0.05912	-0.02060

IBKURST	-0.00083	-0.00350	0.00155	0.00690	-0.03490	0.05239	0.05075	-0.07596	0.08302
IBKUR1	-0.00076	0.00132	0.04902	0.01491	0.04131	0.03276	0.00259	-0.00705	-0.01563
IBKLVTH	-0.01024	-0.00090	0.03479	0.05090	0.01783	0.03805	0.00430	-0.00404	-0.01774
IBKLVOR	-0.00260	0.01793	0.05119	0.03330	0.01305	-0.01807	-0.00617	-0.03740	-0.03509
IBKPRETH	0.00347	-0.01343	-0.00070	0.02697	0.02019	-0.02019	-0.01591	0.04065	-0.05424
IBKPREOR	0.02137	-0.02760	-0.00300	-0.03214	0.01399	-0.00298	0.10515	0.02510	-0.00505

STATISTICAL PACKAGE FOR THE SOCIAL SCIENCES

CPU TIME REQUIRED.. 215.32 SECONDS

SAVE FILE
FILE INNOVAT HAS BEEN SAVED WITH 104 VARIABLES..

SLQRUM	SURFILE	CAS4GT	ID	IPGSRANK	TRAINGR	MARSTAT	FINSUP	EMPLOYD	INCOME
EDUCGE	EDUCPR01	EDUCPR02	EDUCPR03	WORKINZ	WORKEXTZ	INSERV	MERNZNA	MEMBURG	MLNDRNG
INFORM	INFORMP	LOCAT	PATLOCAT	DESLOCAT	CHALOCAT	DISLOCAT	ADLOCAT	ABBLUCAT	SIALUCAT
RELOCAT	CP100M	CP100	CP150	CP150	CP150	CP150	CP150	CP150	CP150
CP110	CP141	CP100	CP1AC	CP1AT	CP150	CP150	CP150	CP150	CP150
CP110	CP150	CP110	CP1SAV	CP1EA	CP1FR	CP150	CP150	CP150	CP150
CP150	CP1A	CP1C	EMPLOYT	EMPLOYR	AGE	PROS	POSS	PCNUS	IRGSC
LOW	IBTAMN	IBK1	IBK1	IBK2	IBK3	IBK4	IBK5	IBK6	IBK7
IBK0	IBK9	IBK10	IBK11	IBK12	IBK13	IBK14	IBK15	IBK16	IBK17
IBK18	IBK19	IBK20	IBK21	IBK22	IBKDESTH	IBKPRETH	IBKLVTH	IBKURST	IBKUR1
IBKLVTH	IBKLVOR	IBKPRETH	IBKPREOR						

THE SUBFILES ARE..
NAME NO OF CASES
INNOVAT 30

FINISH
CPU TIME REQUIRED.. 1.37 SECONDS

NORMAL END OF JOB..
13 CONTROL CARDS WERE PROCESSED..
0 ERRORS WERE DETECTED..

APPENDIX I2

FACTOR STRUCTURE

Nine initial factors were extracted from the unrotated correlation matrix. Oblique rotation, using direct oblimin loadings and Kaiser normalisation yielded nine factors whose structure indicates that they may well be related to organisational personality and nursing functions.

Factor 1 responsible for 21.3% of the variance loads highly on achievement and intellectual efficiency.

Factor 2 responsible for 17.1% of the variance loads highly on POI inner directedness, existentiality and spontaneity. Related to independence, and flexibility.

Factor 3 responsible for 15.1% of variance loads highly on time competence, and self-acceptance and appears to be an organisational factor.

Factor 4 which contributes 12.6% of the variance loads highly on number of patients and average occupied bed rate, a moderating structural factor.

Factor 5 contributes 9.5% of the variance loads highly on POI capacity for intimate contact. This is clearly an interpersonal factor.

Factor 6 is related to innovativeness.

Factor 7 loads highly on doctor-dependent and nurse-dependent Kardex variables. This seems to be a nursing practice factor.

Factor 8 has a high loading on feeling reactivity.

Factor 9 loads highly on socialisation and perceived organisational-self.

APPENDIX FOUR

A Supplement to Section Four (Volume 1)

This Supplement contains additional information about the training programme used as intervention in the experimental extension of the thesis presented in Volume 1. In this Appendix, details of techniques used in the programme, and the outcomes of these techniques have been included for those interested in group work practice.

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BETA HOSPITAL

CHARGE NURSES

1976

Group Programme: November 8th - 12th & November 22nd - 26thMonday

0900 - 1015	Introduction <ul style="list-style-type: none"> - Objectives - Outline of the course - The individual - The group and the organization - Group exercise
1015 - 1030	Tea
1030 - 1215	"You and your work" <ul style="list-style-type: none"> - A group incident approach and discussion (plenary session)
1215 - 1300	Lunch
1300 - 1500	Groups and group process (Plenary session)
1315 - 1630	Observation of groups "Operation Fishbowl"

Tuesday

0830 - 1015	Group I discussion, using videotape Group II discussion
1030 - 1215	Group II discussion using videotape Group I discussion
1300 - 1330	Plenary session <ul style="list-style-type: none"> - to discuss morning programme
1330 - 1500	<ul style="list-style-type: none"> - leadership - membership - roles
1515 - 1630	Group exercise

Wednesday

0830 - 1015	Management - and the ward charge (plenary session)
1030 - 1215	Group I) Group II) discussion
1300 - 1500	Aspects of modern management
1515 - 1630	Group I) Group II) discussion

Thursday

- 0830 - 1015 Systems of delivery of nursing care
- 1030 - 1215 Group discussion
Groups I, II, III and IV
- 1300 - 1500 Evaluation of nursing and management practice
- 1515 - 1630 Group discussion
Groups I, II, III and IV
and feedback session

Friday

- 0830 - 1015 Strategies of change and the process of change
- 1030 - 1215 Exercise Future
- 1300 - 1500 Plenary session
- 1515 - 1630 Summary and evaluation of the programme

CHARGE NURSES

1976

REVISED PROGRAMME USED FOR GROUPS A AND B.Monday

0900 - 1015	Introduction - objectives - outline of the course - introduction of members - the group and the organization - group exercise
1015 - 1030	Tea
1030 - 1215	"You and Your Work" - a group incident approach and discussion (plenary session)
1300 - 1400	Groups and group process (plenary session)
1400 - 1500	Observation of groups (group exercise)
1515 - 1630	Observation of groups "Operation Fishbowl"

Tuesday

0830 - 1015	Group discussion (using case incidents) I and II III and IV
1030 - 1215	Groups and Group Process - leadership - membership - roles
1300 - 1500	Group discussion (using videotape) I and II III and IV
1515 - 1630	Counselling in nursing practice

Wednesday

0830 - 1015	Aspects of Modern Management
1030 - 1215	Group discussion in special interest sections
1300 - 1400	"How to Read a Research Article"
1400 - 1515	Group discussion in special interest sections
1530 - 1630	Plenary Session

Thursday

0830 - 1015	Systems of delivery of nursing care
1030 - 1215	Group discussion Groups I, II, III and IV
1300 - 1500	Evaluation of nursing and management practice
1515 - 1630	Group discussion Groups I, II, III and IV and feedback session

Friday

0830 - 1015	Strategies of change and the process of change
1030 - 1215	Exercise Future
1300 - 1500	Plenary session
1515 - 1630	Summary and evaluation of the programme.

APPENDIX J3

ASPECTS OF THE WORK OF WARD CHARGES

identified by Group A
using incident technique.

1030 - 1230 hours, Monday, November 9th

Clinical:

Giving information to patients or relatives.
Increase in facilities for relatives.
Communication with doctors.
Advising on treatment of patients.
Preparation of patients for surgery.
Giving support to patients.
Patient rehabilitation (especially reducing excess disability).
Standard of clinical care.
Criticism of nurses' work by other professionals (e.g. doctors, dietitians, etc.)
Expectation of staff performance by other professionals and the ward charge.
Side effects of radical (or life saving) patient treatments.
Interference in nursing by doctors.
Loneliness of patients.
Approaches of nursing and medical staff to patients.
Attitudes of patients.
Spending time with patients.
Functioning and ordering of equipment.
The confidence of patients in hospital treatments.
Clinical teaching (of housemen and nurse students).
Crisis intervention.
Decision making by ward charges in relation to patient care.
Communication with patients and relatives.

Management:

Nurses' duty requests.
Communication with supervisor, staff rotation.
Ward environment - ward "climate".
Communication, patients and staff.
Co-operation - with other sections of hospital, especially nursing administration.
The relationships between ward charges and nursing administration.

Teaching:

Making out and giving ward reports to students.

APPENDIX J4

ASPECTS OF THE WORK OF WARD CHARGES

IDENTIFIED BY GROUP B

Using Incident Technique

1030-1220 hours, Monday, November 22nd 1976

Clinical

Patients making their own decisions about their care.
Medical decision making about patient care.
Standard of patient care.
Standard of nursing care.
Comfort of the patient.
The transfer of patients to or from another department.
Communication with patients.
The role of the charge nurse in clinical decision making.
The power of the charge nurse.
The knowledge and expertise of the charge nurse.
Feedback about performance from doctors.
Clinical experience and clinical opportunities for charge nurses.
Obtaining proper clinical care for patients.
Decisions to cease treatments.
Rehabilitation of patients.
Scapegoating in treatment failure.
Patient safety.
Trust by relatives.
Trust by patients.
Feedback from patients and relatives.

Management

Communication among nursing hierarchy - upwards, downwards and horizontally.
Lines of communication in the hospital.
Changes in policy.
Knowledge of the system and the rules of the system.
Responsibility for decision making.
Feedback on performance.
Decision making by other nursing staff.
Organization of the ward or unit.
Staff relationships.
Staffing - numbers, turnover, continuity, etc.
The roles of categories of nursing staff including registered staff returning to nursing.
Attitude change - including one's own.
Power - and the basis for power.
Methods of problem solving.
Job satisfaction - own and other staff.
Communication with other departments.
Ordering of priorities.

Teaching

Working with students.

Teaching students.

Students' experiences with patients.

Preparation of staff for working in particular ward or unit.

APPENDIX J5
NSU/M15/NK/76AN INTRODUCTION TO GROUPS
AND GROUP PROCESSA. WHAT IS A GROUP?

Most people spend at least part of their day in the company of others. These others may be members of one's family, friends, strangers on a bus, co-workers or clients, but they are all people with different feelings, reactions and attitudes. When does such a collection of people form a group? Is a crowd at a football game, a group? Does listening to music in the company of three or four friends constitute experience within a group situation?

In order to understand the behaviour of people in groups it is necessary to explore the various definitions of the term "group" and to select for further examination those definitions which describe the situation in operational terms.

Definition:

Miles defines a "group" as "several persons working in a face-to-face setting on a task that requires their co-operation. For example: a study group dealing with reading retardation, a subcommittee of a school staff looking at merit rating; a kindergarten class and teacher planning a trip to the airport; a work group in the office".

Kemp quotes Krech and Crutchfield's definition as follows: "A group refers to two or more people who bear an explicit psychological relationship to one another".

Curran defines a group as "Two or more people who interact".

Characteristics:

On the surface, these definitions appear rather different. However, an examination of them shows that the following characteristics are either stated or implied: ..

- a group is limited in size;
- there is an aspect of choice, or at least freedom to leave the group. This aspect is more obvious in voluntary task centred groups where membership of the group frequently changes according to the inclination and available time of the participants;

- a collection of people does not constitute a group unless there is a willingness on the part of each individual to interact with other individuals in the group;
- a group should be heterogeneous in composition. That is, the variety innate in human nature makes a collection of human people a group (given the other criteria listed above).
A bank of computers does not therefore constitute a group.

B.

In every group, there are some members who tend to be task-oriented. They keep the group moving towards the completion of the task and contribute factual knowledge to help with this. There are others, however, who are concerned with ensuring that a pleasant atmosphere is maintained in the group, that conflict is resolved and that quiet members have the chance to talk. They are concerned with the process or way in which the group functions, rather than with the content or task of the group. Next time you are attending a meeting at the office, on the site or at the P.T.A., see if you can distinguish these two types of people.

Some groups are much more task oriented than others. You will be very used to participating in groups with people where the main aim is to get a job done as quickly as possible. Other groups, which are often called T-groups or training groups, are concerned with process, not content, and are designed to allow members to develop and practice new skills in working with other people.

In any study of group process, it is useful to have a model which enables you to examine the process and to make comparisons between individuals and groups. "The Johari Window" was postulated some years ago by Ingham and Luft and is still a useful concept:

Known to others	I Area of free Activity	II Blind area
Not Known to others	III Avoided or hidden area	IV Area of Unknown Activity

The Johari Window

C. COMMUNICATION

- it is a basic group process and involves transmission, perception and feedback
- it may be formal (e.g. drug prescription), or informal (between a group)
- it may be necessary to build formal channels of communication into the structure of a group or organisation
- informal patterns of communication will arise, shift and change as a result of needs within the group at the time
- involves interaction between at least two people and a system of signals (language) which may be verbal or non-verbal
- learning is therefore an important factor (set, and customary patterns of behaviour)
- ability of group members to listen is often interfered with (e.g. selective perception and preoccupation with own feelings and ideas)
- feedback should be accurate, from a trusted source, and should follow closely on the action
- willingness to give and to accept feedback is an important factor in effective communication
- feedback has an important function in checking on distortions in communication
- barriers to effective communication include: no common language; or verbal body language not easily understood; emotional and health factors; previous learning, including defense mechanisms; attitudes; selective perception; selective, wrong or inappropriate feedback; physical factors e.g. distance, method of communication inappropriate e.g. memorandum instead of "face-to-face".

D. LEADERSHIP

Tannenbaum, Weschler and Massarik (1961) define leadership as "interpersonal influence exercised through the process of communication toward the attainment of a specified goal or goals".

Lassey (1971) discusses the dimension of leadership and also identifies two sets of activities:

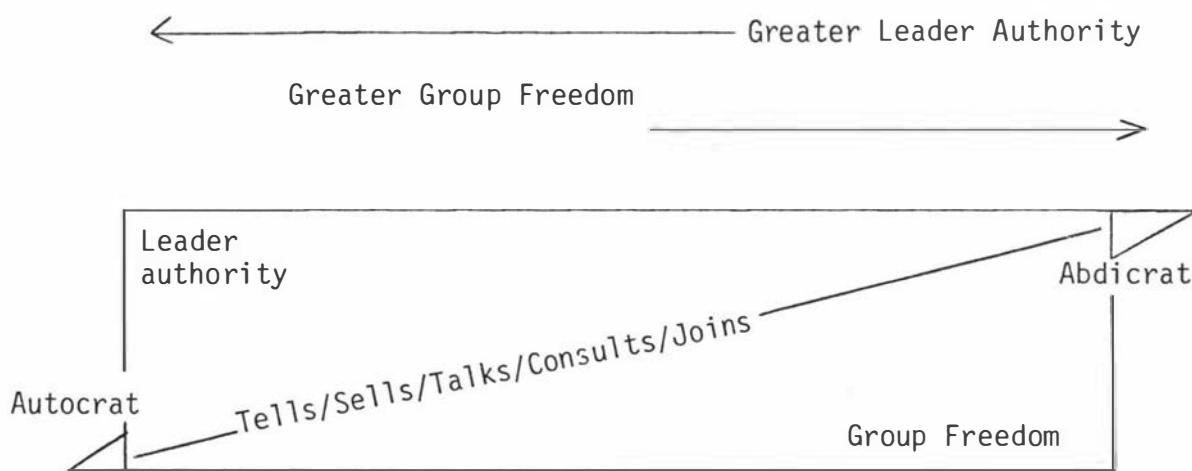
1. Task functions - initiating activity, information seeking, information giving, opinion giving, elaborating, evaluating and diagnosing.
2. Maintenance functions - encouraging, gate-keeping, standard-setting, problem-solving, expressing group feeling, evaluating, consensus testing, harmonizing, tension reducing.

He also describes typical non-functional behaviour such as aggression, blocking, self-confessing, competing, seeking sympathy, special pleading, horsing around, recognition seeking and withdrawing.

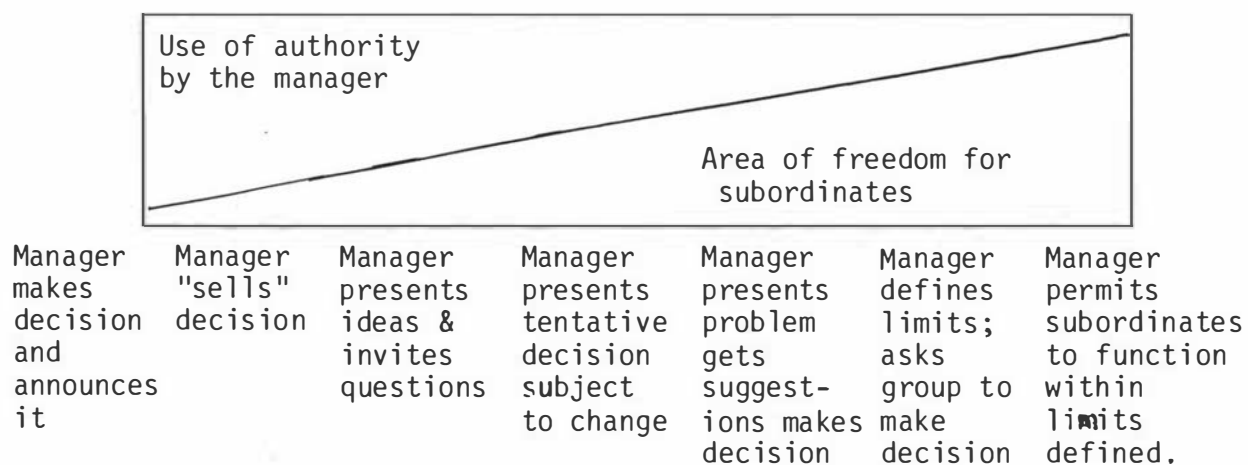
McGregor (1960) defines four major variables:

- i characteristics of the leader
- ii attitudes, needs, and other personal characteristics of the followers
- iii characteristics of the organisation
- iv social, economic and political milieu

Authority: the relationship between leader authority and group freedom is illustrated in this diagram (Lassey, 1971).



The model below (Tannenbaum and Schmidt 1961) shows a continuum of leadership behaviour from management - centred leadership to subordinate-centred leadership



Blake and Mouton
The Managerial Grid

High	9	x								x	1,1	Management	- minimum effort	- minimum membership	
	8														
	7														
	6											1,9	Management	- excellent work relationships	
	5					x									
	4											9,9	Management	- interdependence	- commitment and trust
	3														
	2														
	1	x										9,1	Management	- efficiency	- minimum human involvement
Low															
	1	2	3	4	5	6	7	8	9		5,5	Management	- balancing people and organisation performance		
	Low		High												
	Concern for Production														

E. THE TASK AND MAINTENANCE FUNCTIONS OF GROUPS

Most of the work groups with which you are associated will be task-oriented groups and members will be much more occupied with task rather than maintenance roles. However, in therapy and training groups, as you are well aware, maintenance roles are more important. Benne and Sheats identify group roles as follows:

Group Task Roles:

the initiator contributor suggests or proposes to the group new ideas or a changed way of regarding the group problem or goal ...

the information seeker asks for clarification

the opinion seeker asks for a clarification of values pertinent to the task the group is undertaking ...

the information giver offers "authoritative" facts or generalisations.

the elaborator spells out suggestions in terms of examples.

the co-ordinator shows or clarifies the relationships among various ideas and suggestions and tries to pull these together ..

the orienter defines the position of the group with respect to its goals ...

the evaluator-critic subjects the accomplishment of the group to some standard or set of standards on group functioning ...

the energizer prods the group to action or decision, attempts to stimulate or arouse the group to "greater" or "higher quality" activity.

the procedural technician expedites group movement by doing things for the group e.g. re-arranging the seating.

the recorder writes down the product or record of the group - a "group memory" role.

Group Building and Maintenance Roles:

Here the analysis of member-functions is oriented to building ---- or the maintenance and perpetuation of such group-centred behaviour.

the encourager praises, agrees with and accepts the contributions of others.

the harmonizer mediates differences between other members ...

the compromiser operates from within a conflict in which his idea or position is involved.

the gate-keeper and expediter attempts to keep communication channels open by encouraging or facilitating the participation of others

the standard setter or ego ideal expresses standards for the group to attempt to achieve in its functioning or applies standards in evaluating the quality of group process.

the group-observer and commentator keeps records of various aspects of group process

the follower goes along with the movement of the group

Benne and Sheats (1961) also identify a list of roles which can be linked with the non-functional behaviour described by Lassey (1971). These roles include the aggressor, the blocker, the recognition-seeker, the self-confessor, the playboy, and dominator, the help-seeker, and the special-interest pleader.

Decision-Making in Groups

Kurt Lewin, one of the originators of the training-group, was deeply concerned with the preservation of democratic values. It is important to recognise the mechanisms operating in decision-making within a group and to recognise the extent to which members have reached a free consensus, or have been manipulated in making a particular decision.

In a well-organised 'participative' group, no formal voting should be necessary. Factors such as hostility, lack of available facts, differing perceptions, differences in goals and personal bias, all prevent a group from reaching a 'consensus'. A consensus is defined by Gibb, Platts and Miller (1961) as the agreement by all members on a particular solution to a problem. Decisions, they say, fall into many categories and they have classified these into four groups:

- a) the immediate-trivial decision
- b) the immediate-vital decision
- c) the postponed-vital decision
- d) the viewpoint decision

G. REFERENCES

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OPERATION FISHBOWL

APPENDIX J6

- Step 1: Form two groups, one seated facing inward. The members of the other group should place themselves where they can easily observe the "fishbowl" group.
- Step 2: Read the incident and make a note of the action you would take.
- Step 3: Discussion time, first group 20 minutes.
The group must reach a group decision at the end of this time.
- Step 4: "Feedback" period 10 minutes.
- Step 5: Compare the group decision with your own - was it different?
- Step 6: Reading and individual decision time.
- Step 7: Discussion time, second group 20 minutes.
The members of the first group now become observers.
- Step 8: "Feedback" period, 10 minutes.
- Step 9: Compare the group decision with your own. Was it different?

APPENDIX J6.1

DEPARTMENT OF PSYCHOLOGY

NURSING STUDIES UNIT

III. GROUP EXERCISE III.

Write down, individually, a list of five things in your ward that you would like to change. Rank these from highest (1) to lowest (5). (5 minutes)

Now, decide as a group the one change that you would most like to make (should the administration give you carte blanche) and the one that you would least like to make, as a group. (35 minutes)

How did you arrive at your decisions?

Who gave in?

Who "talked over" whom?

Did the decision(s) just emerge from group discussion?

If not - give reasons

APPENDIX J6.2

GROUP DECISION-MAKING EXERCISE

Observe the group perform the functions necessary for effective decision-making. During the feedback period, help the group assess its progress according to the following guide-lines.

Phase 1 Defining the Problem

- (a) Did the group define its task?
- (b) Were group members committed to solving the problem as defined?

Phase 2 Collecting Ideas

- (a) Did the group give consideration to feelings and opinions as distinct facts?
- (b) What means did the group use to gather information?

Phase 3 Testing Ideas and Developing Alternatives

- (a) Did group members offer alternative proposals?
- (b) Did various members check the effects of the proposals on all concerned?
- (c) Did members indicate commitment to the various proposals?

Phase 4 Making the Decision

- (a) How did the group make its final decision? (majority vote, consensus, silent consensus?)
- (b) Who decided on the method for the final decision?

APPENDIX J7

BETA HOSPITAL

Programme

Tuesday April 12th
and
Wednesday April 13th

Tuesday, April 12th

- | | |
|-------------|--|
| 0900 - 1015 | Introduction
- objectives
- outline of the course
- the individual
- the group
- the organisation
- group exercise |
| 1015 - 1030 | Tea |
| 1030 - 1215 | "You and your work" - a group incident approach
and discussion. |
| 1300 - 1500 | Systems of delivery of nursing care. |
| 1515 - 1630 | Evaluation of nursing practice. |

Wednesday, April 13th

- | | |
|-------------|---|
| 0830 - 1015 | Groups and group process |
| 1030 - 1215 | Observation and discussion of group process
(using fishbowl technique and case incidents). |
| 1300 - 1500 | Aspects of modern management |
| 1515 - 1630 | Future development - Beta Hospital. |

Take away - "Exercise Future"

APPENDIX J8

NURSING INCIDENTS

On the following pages, ten incidents are described which could occur in a ward, unit, or department in your hospital. You are asked to list as many problems or difficulties you can think of which arise from or are associated with each incident. Write these down in the space provided at the end of each paragraph. You should try to write down as many problems as possible for each incident, and do not spend your time on just one or two. Include all the problems you think of, even if they seem unlikely to happen.

1. Marcia Robinson is a ward charge at Vogel Hospital. Recently Miss Boyce, the Assistant Principal Nurse, was told to explain about a new system of nursing records to be used in the hospital.

During the ward charge's staff meeting when Miss Boyce was giving details of the new system, Marcia Robinson stood up in front of the 20 people present and said,

"I don't even want to hear about it." Then she left the room.

Later Miss Boyce confronted Marcia Robinson.

Boyce: "Why did you refuse to co-operate?"

Robinson: "Because it's unnecessary. You are too military and act like a dictator. Why can't the charges decide. You'd think this was the army the way we're ordered around".

2. Miss Ashley, having just completed her basic nursing education at the Memorial Hospital School of Nursing, asked for an appointment with Miss Peterson, Principal Nurse. She has just entered the office where - as it happens - Miss Peterson has been looking over the staffing roster for the next week.

Miss Peterson: Good morning, Miss Ashley, are you enjoying your vacation?

Miss Ashley: Yes I am - thank you. Miss Peterson, I wanted to talk to you about coming to work next week on Warren Ward; why wasn't I assigned to Ward A?

Miss Peterson: We need nurses for Warren, so we can reopen that ward.

Miss Ashley (hesitantly): Well...er...it's just that some of my classmates feel that because you promised - well, they think I should go to Ward A with them.

Miss Peterson: I suppose I did say I'd honor requests. I was so pleased that your group wanted to help out on Ward A. But now we need help on Warren. And you know I have a responsibility towards patients and physicians....

Miss Ashley: But I don't like Warren, and I planned on going to Ward A!

3. A delegation of six charge nurses has just entered the office of the Principal Nurse, Tainui Hospital. Irene Smith speaks for the group:

"Miss Albert, you will have to do something about Marie Colbert. If you don't all of us will leave. She has only been here three months, but already she is trying to change the way we do things. She's only a staff nurse, even if she is helping out with the morning supervision. You are in charge and we won't be ordered about by her. Even if she does have overseas experience, she doesn't know enough about this hospital to change anything."

Miss Albert listened to this statement and promised to look into the matter.

4. Barbara Balthene has been a charge nurse at The Narrows Hospital for ten years. She does an adequate job, but the supervisors have recently been looking for ways to get her to improve the method of record keeping on her ward. In the course of investigating the many books in the office, some information came to light which the supervisor felt she had to report to the Principal Nurse.

Supervisor: Miss Allen, it appears that there are anomalies in the method of counting and recording barbiturate drugs in this ward. I have reasons to believe that small amounts of these drugs have been disappearing over the last year.

Principal Nurse: I know that you must be pretty sure about this, or you wouldn't have reported it. But it comes as a real shock, Barbara and I started here on the same day.

5. Mrs. Jensen (Assistant Principal Nurse) is at her desk in the Nursing Office. She is busy checking time slips and gives no sign of noticing that Mrs. Ryan (deputy charge tutor) has entered the room.

Mrs. Ryan (cheerfully): Good morning, Mrs. Jensen. Going to this Christmas party tonight?

Mrs. Jensen (Emphatically): I am not! (in a tone of reproach): "I've been meaning to call you, Mrs. Ryan, to tell you how hurt I am. I wasn't even asked to contribute to Helen's gift!"

Mrs. Ryan: Gee, Mrs. Jensen. I didn't mean to hurt you. I've never been a collector before. I just figured you'd be making your own collection, with your own service group.

Mrs. Jensen: Why should we? We've always been included with the tutors. Now, just because they've separated student rostering from this office - well, I certainly never expected it would carry through socially, too.

Mrs. Ryan: It was never meant to. Why should it? That's why you and Josey were invited to Helen's party. Come on, now. Don't you want to come?

Mrs. Jensen: No - I just couldn't bring myself to do it. You people in the school have cut me right off! I don't think it's nice. I'm as much a member of the school staff as Miss Sweeney is. Don't I teach ward administration to the seniors? And besides - how am I supposed to know what's going on in the school? I tell you, Mrs. Ryan, they ought to put me back on!

Mrs. Ryan: But, Mrs. Jensen

Mrs. Jensen (Emphatically): This separation is no good at all. I've had nothing but problems since it happened. I've been hurt so many times.....

6. Miss Wilson, a first year staff nurse, called Mrs. Rooney, day supervisor, in charge of her ward. She is close to tears and says: I've just had a - er - problem with Dr. Johnson over his colostomy patient. And I don't know what kind of appliance to get.

Mrs. Rooney: Could it wait till Mrs. Hardy gets back?

Miss Wilson: Oh no! And he was so angry. Could you come up and....

Mrs. Rooney: Oh heavens! We just got two emergencies in. I don't think I can come up there for quite a while. Use your judgment.

7. A regular meeting of the Ward Charges Committee is in progress. The membership of the committee is being reviewed and the Principal Nurse has asked for recommendations:

Mrs. Little (Ward Charge): I see no reason why Miss O'Brien should continue to be chairman of this committee. She is not in charge of us but she keeps on assuming responsibility.

Miss Peterson: Oh, that just means that she is in charge of planning that particular inservice programme and.....

Miss Riley interrupts: We all plan the programme together, why don't we have a rotating chairmanship. If we're all called charge nurses, then I don't see how any one of us can be in charge of others.

8. Miss Gonsalves (staff nurse in charge): I was just going to call you!

Miss Hammond (afternoon supervisor): Is anything wrong?

Miss Gonsalves: What shall I do about moving the coronary patients - shall I move them in their beds or put them on stretchers?

Mrs. Hammond: Move them where - why?

Miss Gonsalves: Mrs. Jackson just called me and said they were closing this ward for the weekend. He told me where to transfer the patients and to start moving them right away - I thought you knew!

Mrs. Hammond: First I've heard about it.

Miss Gonsalves: And another thing - what about supper? Shall I serve it now?

9. Mr. Packard is a middle aged businessman and has just been moved from the coronary care unit, to a regular medical ward. He has been used to discussing his medication with the nurses in the unit, and is very knowledgeable about anticoagulants, prothrombin times and the signs and symptoms of overdose. In the ward a student nurse presents him with a paper cup containing a white pill and a pink pill. Mr. Packard asked her what the medication was. Her reply was "You'll have to ask your doctor. I'm not allowed to tell you what they are."

10. A drug and alcohol treatment unit has recently been opened in Tainui Hospital. One morning, a tall muscular farmer threatens patients and staff with a baseball bat which he is brandishing. A variety of methods have been suggested for subduing the man who is rapidly becoming agitated and suspicious.

The supervisor for the block comes to the door of the ward and says "Let me try something. You wait here." She slowly walked toward the patient who was twice her size, and said: "Mr. Y., no one is going to hurt you. I know you don't want to hurt anyone". He looked at her, clutching the club in both hands. She continued, "Jim, I want to help you." His arms seemed to relax. Then extending her hand, she said, "Give it to me." And he did. She handed it to one of the staff members, and then walked Mr. Y. back to his bed, reassuring him that the staff would not allow anyone to hurt him.

METHODS OF EVALUATING NURSING PRACTICE

GROUP A

Developed out of group discussion the following models for evaluating the standard of clinical nursing practice in a variety of areas:

I. Surgical Ward Evaluation of Nursing Practice

i. Define Nursing Practice.

ii. Establish criteria for setting standards:

Based on:

(a) Patients' needs - What the Charge Nurse considers patients need?
What does the patient consider is his/her need?

(b) Nurse's needs - Particularly knowledge and understanding of the assignment she has been given.

(c) Organisational needs: e.g. is the equipment required for the job readily available.

(d) Needs of relatives - information and support.

iii. Method of gaining data:

(a) Select 10 patients.

(b) Choose 5 aspects of nursing practice pertaining to those patients and analyse. Ideally choose 5 aspects which will require different methods of gaining information.

e.g. 1. Observation (maybe of state of skin and finger nails)

2. Direct Questioning (do you feel comfortable)

3. Analysing records - (has the patient received sufficient fluid)

4. Measuring equipment - (Does the bed table move easily)

iv. Measuring Nursing Practice

Comparing information acquired to base line standard.
Compile graph/wall chart to plot level of nursing practice on the ward. Display.

v. Evaluate Results -

What factors might cause decline in nursing practice?

2. Obstetric Ward

Report to Administration on standard of nursing practice in your area.

Summary of Headings:

- (1) Profile of area.
- (2) Method of measurement of nursing practice.
- (3) Evaluation.

(1) Profile of area:-

- (a) Type of patient
- (b) Number of patients
- (c) Type of staff
- (d) Number of staff
- (e) Facilities
- (f) Location

(2) Method of measurement of nursing practice:-

(1) Observation of:-

- (a) Environment
- (b) Staff
- (c) Patients

(2) Feedback from:-

- (a) Community
- (b) Patients
- (c) Colleagues
- (d) Auxiliary staff

(3) Morale:-

- (a) Interpersonal relationships

(4) Record keeping:-

Kardex
Monthly reports
Charts - i.e. feeding.

How this method of measurement was achieved.

- (a) Questionnaires
- (b) Interviews
- (c) Group discussion

(3) Evaluation:-

- (a) Climate
- (b) Attitude of discharge
- (c) Stability of staff

3. Medical Ward

- i State aims and objectives.
- ii State type of Ward, number and type of patients and then evaluate care.
- iii Value of patient feedback?
- iv Ensure efficient communications between all members of group involved: i.e.
 - (a) Patients
 - (b) Relations
 - (c) Nursing
 - (d) Medical
) Staff
- so that patient will receive optimum care.
- v Note feedback from nursing staff.
- vi Personal observations and eavesdropping.

Steps in Process

- i Gather all information available from above.
- ii Evaluate and assess the data provided. (whether relevant)
- iii Compile report.

Headings of Report

- i Word type
- ii No. patients
- iii No. staff and category
- iv Aims and objectives
- v Evaluate care given and summarise.

4. Special Areas

(Geriatric and Paediatric)

- i Measurement of care - ward situation
 - Evaluate goals (standard of care)
 - Quality of nursing staff
 - Climate of ward
 - Environment of ward
 - Number of patients - severity of illness and care required.

- ii Evaluate work process within ward)
 Evaluate constraints and facilities)
 Evaluate supportive bodies)
 Quality and quantity of staff)
 Evaluate arising needs and problems)
 Assessment and
 planning
- iii Type of functional nursing)
 Use of supportive bodies)
 Use of equipment)
 Control of climate and environment of ward)
 Constant reassessment of ward situation -)
 take into account the feedback)
 Implementation
- iv Structure
 Assessment and planning of situation
 Implementation
 Measurement of Effects
 Whether the planned programme meets the needs of the
 individual (staff and patient).

NOTES ON METHODS OF DELIVERING NURSING CARE

Over the years nurses have developed a variety of ways of delivering nursing to clients. Basically these can be divided into:

- (a) Functional methods which are related to the school of scientific management.
- (b) Team methods.
- (c) Case assignment methods.

If you look at nursing in New Zealand you will notice that the method of delivering nursing skills is related to the level of experience and education of the nurse, and to the place where nursing takes place.

- (a) In community health, public health nurses, plunket nurses and district nurses carry case loads and work usually on a one to one basis with their clients. Grouping of patients occurs naturally in family groupings, or in clinic groupings. Auxiliary workers are not yet common in community health.
- (b) In private hospitals patients are often assigned to qualified nurses who may be assisted by auxiliary staff.
- (c) In the general wards of public hospitals, patients usually receive care, either by functional or by team assignments of staff.

In recent years there have been some interesting experiments reported in North America, and this year in New Zealand with a new type of nursing care - Primary Nursing.

Logsdon, in an article entitled "Why Primary Nursing", in Nursing Clinics of North America, Vol.8, No.2, June 1973, defines this type of nursing in the following way:

"Primary nursing is the nursing care provided to the patient by one nurse who plans with the patient the care that the patient and the nurse decide is needed - care that results from co-ordination with other disciplines and collaboration with the primary physician."

She states that "primary nursing seems to be the most successful on units of 10 to 15 patients. For example, let us look at the 10 bed medical unit. The staffing for this unit is 4.5 registered nurses, 3.5 licensed practical nurses, and one aide.... This means one registered nurse, one licensed practical nurse and an aide five days of the week on the day shift, one registered nurse and one licensed practical nurse on the evening shift, and one registered nurse on the night shift. Each nurse carries at least two primary patients and acts as co-primary nurse with the licensed practical nurse. When the primary nurse is off duty the other nurses carry out the plan of care developed by the primary nurse".

Logsdon outlines the duties and responsibilities of the primary nurse as follows:

- (a) Obtaining data and assessing the patient
- physical care needs
 - life style of the patient
 - education needs
 - attitudes and feelings about hospitalization
 - identification by the patient of his short and long term goals.
- (b) Developing a nursing care plan from the data obtained
- physical care
 - teaching plan
 - discharge plan.
- (c) Co-ordinating care given to patients
- The method has advantages and disadvantages.

Group Exercise:

What are the advantages and disadvantages of:

- (a) Functional assignment.
- (b) Team assignment.
- (c) Case assignment.

Which one does your group favour at this time, and why?

APPENDIX J11

EXERCISE FUTURE

Adapted from "Exercise Future" No.14
Instad by James Vaughan.

A. Purpose

The purpose of this exercise is to explore individual expectations of changes in work and life environments and to develop specific plans for dealing with change.

B. Procedure

- Step 1: Read the statement on attitudes towards change.
- Step 2: Working alone, list some of the major changes which have occurred in your job, or field of specialization and in your life space in general during the past five years.
- Step 3: Based on your own awareness and any other forecasts you may have read or heard, identify significant changes which you expect in your job and your style of living during the next five years.
- Step 4: Meet with your sub-group and share your perceptions as described in Steps 1 and 2. As you share your predictions identify the ones you think you will like the most as well as those that give you the greatest concern.
- Step 5: Working alone again, prepare a plan for your personal development during the next five years which you believe will enable you to increase your own effectiveness in light of the changes you anticipate.
- Step 6: Meet with two other members of your sub-group and take turns sharing your development plans and helping each other test for clarity of plans and relevance to personal life goals.

Step I: Personal Attitude Towards Change.

People vary across a broad spectrum in their attitudes towards change. Some actively seek it as if there were positive good in any change, regardless of the direction it takes. Others work to avoid it, preferring the security of the known and the familiar rather than risk a change for the worse. Some are frantically pursuing change at any cost while others are resisting change in ways that are sometimes irrational.

It is no wonder that in organizational life the instigators of change view it as positive and frequently have great difficulty seeing the negative side while the masses in the organization who don't participate in choosing the direction for change are quick to see the negative aspects and frequently

can't find any good in change. "Why change a winning game?" "We've done it this way for X years and made money every year; we would be crazy to change now." or "If you're not changing, you're dead or dying." Chances are you've heard many variations on these themes or personal philosophies of change.

It may well be that for most of us the choice is not whether or not we will change but how we'll change and in what direction. If we choose to live in society a certain amount of change seems inevitable. In his book "Future Shock", Alvin Toffler argues that the how (process) of change is just as important - perhaps more so - as the direction of change. He presents a great deal of data to illustrate his central theme that the rate of change which we are experiencing now is qualitatively different from anything man has experienced in the past. It is his belief that the accelerated rate of today's change has become in itself an elemental force in individual lives and society in general.

Step 2: Changes Which You Have Observed During the Past 5 Years

Working alone, briefly describe the changes which you have experienced or observed during the past 5 years. It probably will be more productive for you if you use a "brainstorming" approach and write down every change which occurs to you instead of stopping to evaluate in your head whether it is a significant change or whether others will agree with your perception.

Step 3: Future Expectations

Still working alone, write down a list of the changes you expect to occur during the next 5 years. When you have finished go back and rank them in order of significance.

Step 4: Sub-group Meetings

Form a sub-group with 5 other people from the total group and share your perceptions and expectations as detailed in Steps 2 and 3. As other group members share their ideas you will no doubt be reminded of some things you forgot to include. Feel free to add these to your own list.

Step 5: Personal Development Plans

Working alone, describe the things you want to do in order to better prepare yourself for the future as you see it. You will probably want to include specific kinds of training and learning experiences as well as job and life experiences you feel you need.

Step 6: Work Development Plans

Working alone, describe the things you would want to implement in your work situation in the next five years. Rank these in order of priority and give some indication of time sequence.

Step 7: Consultation

Form a trio with two other members of your sub-group. You should plan on being together for at least 60 minutes. During this time, you should have three meetings each lasting 20 minutes. Each of you will be in three positions, according to the following plan:

<u>Meeting</u>	<u>Adviser</u>	<u>Observer</u>	<u>Planner</u>
1	Member 1	Member 2	Member 3
2	Member 2	Member 3	Member 1
3	Member 3	Member 1	Member 2

Adviser's task:

You are to serve as a consultant, helping the planner to clarify and develop her plans.

Observer's task:

You should observe the process of discussion for 10 minutes and then offer comment which will make the consultation process more effective.

Planner's task:

Your job is to settle on a clear series of actions which you will take that will satisfy your needs, as well as those of your organization. You should be concerned with devising ways in which you might measure your progress in achieving in your plans.

After completion, revise and review your own action plans.

Step 8:

A combined list of participants' perceived and expected changes over a five year period will be prepared. Action plans will be examined. Major trends should emerge that will then serve as a basis for discussion by the whole group.

APPENDIX J12

EVALUATION OF THE TRAINING PROGRAMME

Group A

	7	6	5	4	3	2	1
Personal usefulness	4	7	6	2	0	0	0
Professional usefulness	2	6	5	5	0	0	0
Usefulness to the hospital	2	5	5	6	0	0	0

Group B

Personal usefulness	9	7	0	3	2	1	0
Professional usefulness	9	7	5	1	0	0	0
Usefulness to the hospital	9	6	6	0	0	0	0

N

EXERCISE SELF-APPRAISAL

APPENDIX J13

Adapted from Bass, Vaughan
and Schein. (1974)

STYLE OF MANAGING

Step I.

This exercise is designed to help you describe and discuss your actual and preferred ways of managing. For each of the statements below, write the number which best describes you in the left hand column (actual). Then, write the number which best expresses what you would prefer to be like in the right hand section of the first column.

		Self appraisal		Other appraisal
		Actual	Preferred	
	<u>Risk Taking</u>			
Extremely cautious	1 2 3 4 5 6 7 8 9			Extremely venturesome
	<u>Delegation</u>			
Prefer to solve problems myself	1 2 3 4 5 6 7 8 9			Prefer to let others solve problems
	<u>Concern for Welfare of Subordinates</u>			
No concern at all	1 2 3 4 5 6 7 8 9			Complete concern
	<u>Relations to Higher Authority</u>			
Always rebel against authority	1 2 3 4 5 6 7 8 9			Always depend on higher authority
	<u>Time</u>			
"Here and now" most important	1 2 3 4 5 6 7 8 9			Always consider the long range view
	<u>Decision-Making</u>			
Prefer group decisions	1 2 3 4 5 6 7 8 9			Prefer individual decisions
	<u>Concern for Rules</u>			
Disregard whenever they get in the way	1 2 3 4 5 6 7 8 9			Obey completely at all times
	<u>Political v Participative</u>			
Rely on political alliances, deals and bluff	1 2 3 4 5 6 7 8 9			Rely on open communication, involvement and trust

		Self appraisal		Other appraisal
		Actual	Preferred	
<u>Use of Authority in Getting Work Done</u>				
Rely on persuasion and/or skill and knowledge	1 2 3 4 5 6 7 8 9	Rely on position and power		
<u>Task vs. Human Relations</u>				
Primarily concerned with getting job done	1 2 3 4 5 6 7 8 9	Primarily concerned with maintaining good relations		

Step II.

Pair up with the person next door to you and rate him. Write down that rating number in the third column.

Step III.

Discuss with your neighbour the discrepancies in your ratings of each other.

Step IV.

Class discussion of reasons for differences.

APPENDIX K1

Group B (before and after treatment (T_3-T_2))
 Distribution of Significant Mean Differences for
 Representative Predictor and Moderator ($p < 0.05$) $N = 21$

	Difference (Mean)	Standard deviation	t	df	p (2-tailed)
POI Test					
Inner directed	3.2381	5.787	2.56	20	0.019
Existentiality	1.7619	2.364	3.41	20	0.003

There were no significant differences ($p < 0.05$) on the remaining CPI and POI measures, nor on the three organizational climate scores. Training effects ($p < 0.05$) are not noticeable in the POI variables. This table shows some immediate effect after training, on two of the same variables as for Group A. The shift in existentiality is of the same order in both cases ($p < 0.01$). However, Group B showed differences on both these variables prior to training.

CPI, POI AND NOI PROFILES BEFORE AND AFTER
TREATMENT

An inspection of the CPI baseline mean scores displayed in Figures K4.1 and K4.2. shows that the two groups have differing profiles over ten variables. The mean scores are similar, for CPI capacity for status, social presence, wellbeing, socialization, tolerance, communality, achievement via independence and psychological mindedness. These are spread throughout the four classes of measures outlined by Gough, 1956. On the other hand, the significant mean differences for variables listed in Table 12.2 for Group B (T_2-T_1) are largely those listed in Class I and Class II. It could be then that the two groups are different in terms of the CPI variables measuring self-assurance, interpersonal adequacy, maturity, responsibility, and intrapersonal structuring.

A comparison of the baseline mean scores (T_1) for Groups A and B for variables from the POI scale shows a different picture, displayed in Figures K5.1 and K5.2. There are some differences between the two sets of scores but the profiles are similar to that described by Shostrom (1966) for male supervisors (N=66). Group B is markedly higher on capacity for intimate contact than either Group A, or the group of male supervisors. Both groups A and B are higher on

APPENDIX K3

existentiality, spontaneity and self-regard, than the male supervisors' group.

Figure K.3 shows the distribution of mean NOI scores for T₁ to T₂ for both groups and for T₁, T₂ and T₃ for Group B.

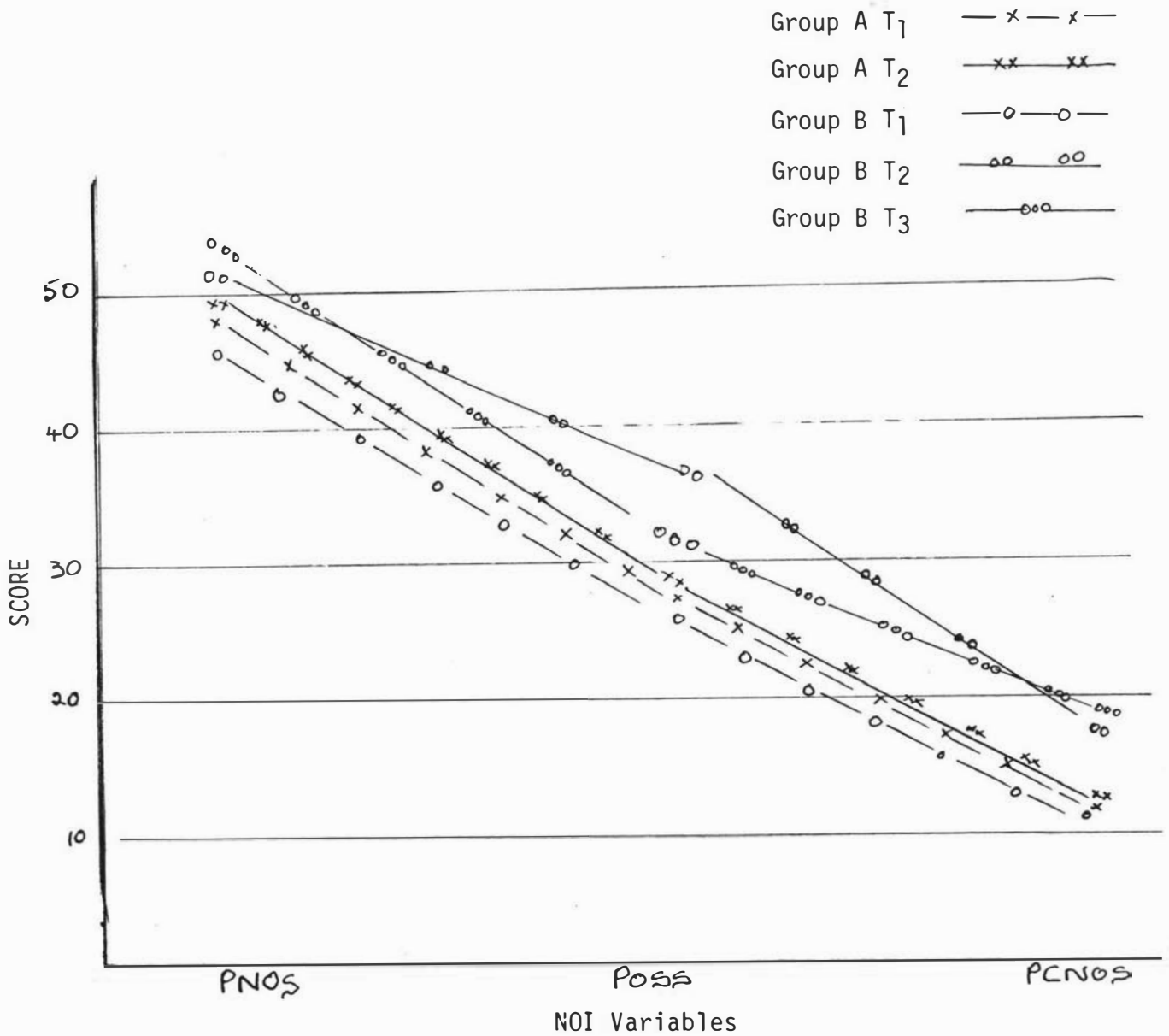


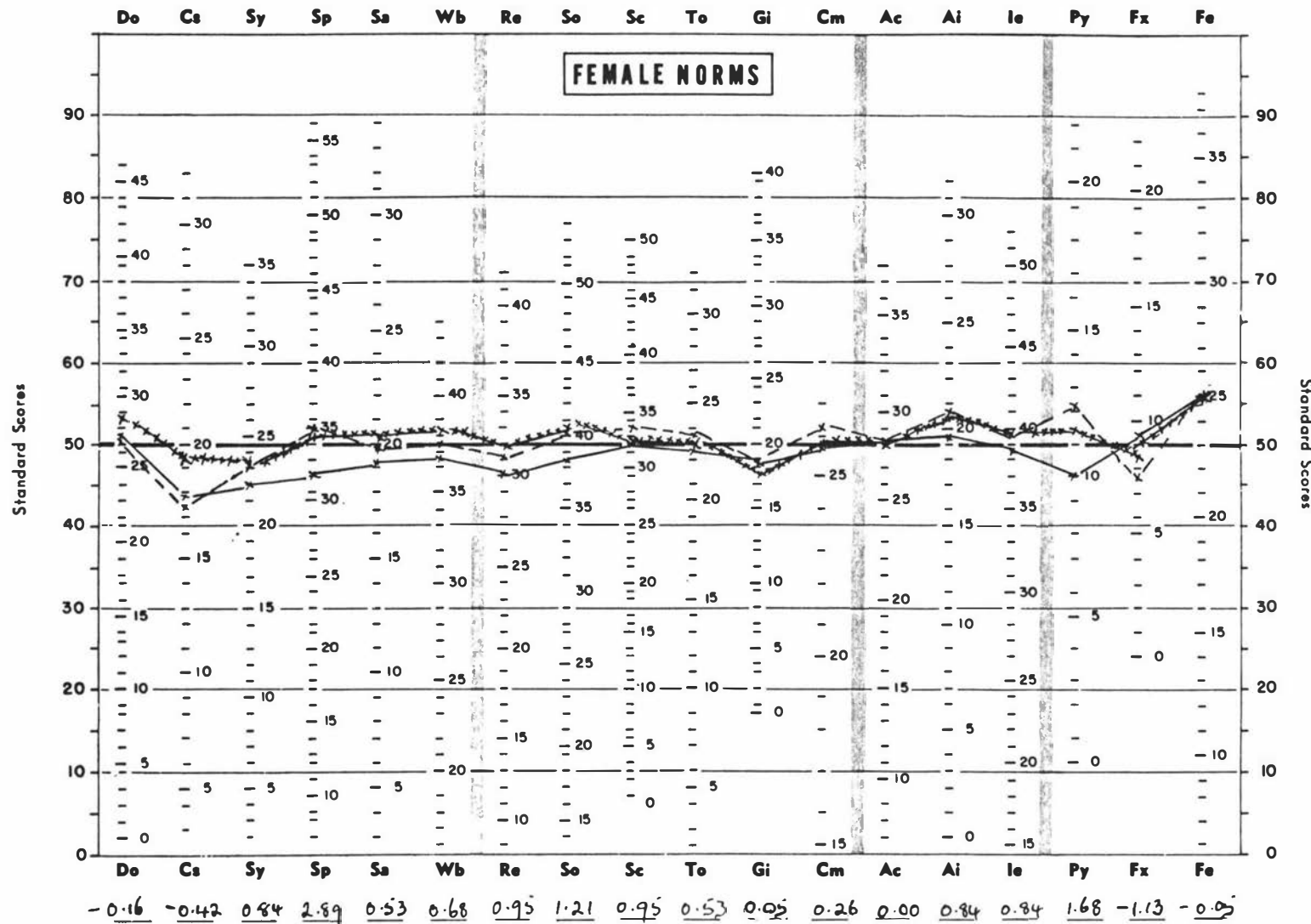
Figure K.3 Mean Score Profiles, Nursing Opinion Inventory T₁, T₂ and T₃.

PROFILE SHEET FOR THE *California Psychological Inventory*: FEMALE

Name GROUP A, BETA HOSPITAL Age _____ Date Tested NOV (11, 12, 13) DEC (14)

Other Information _____

Notes:



_____ T1
 - - - - - T2
 x x x x x T4

Mean differences
T4 - T1

APPENDIX K4.1
119

Figure K4.1. CPI Profiles Group A (T1, T2 and T4)

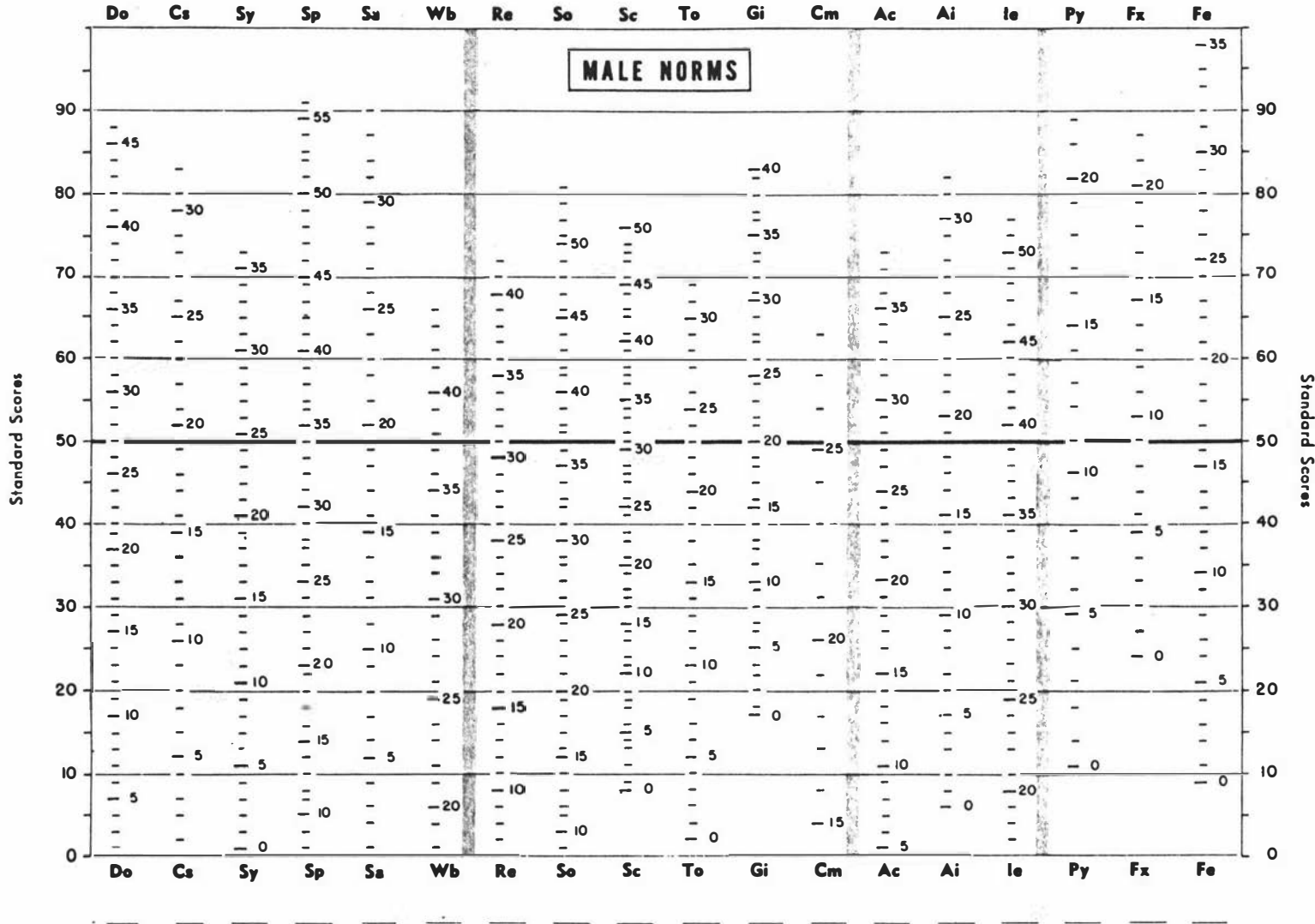
Reproduced from Manual for The California Psychological Inventory, by Harrison G. Gough, Ph.D. Copyright by Consulting Psychologists Press, Inc., Palo Alto, California. All rights reserved.

PROFILE SHEET FOR THE *California Psychological Inventory*: MALE

Name _____ Age _____ Date Tested _____

Other Information _____

Notes:



Male Norms

PROFILE SHEET FOR THE *California Psychological Inventory*: FEMALE

Name GROUP B, BETA HOSPITAL

Age _____

Date Tested NOV (11, 12, 13) DEC (14)

Other Information _____

Notes:

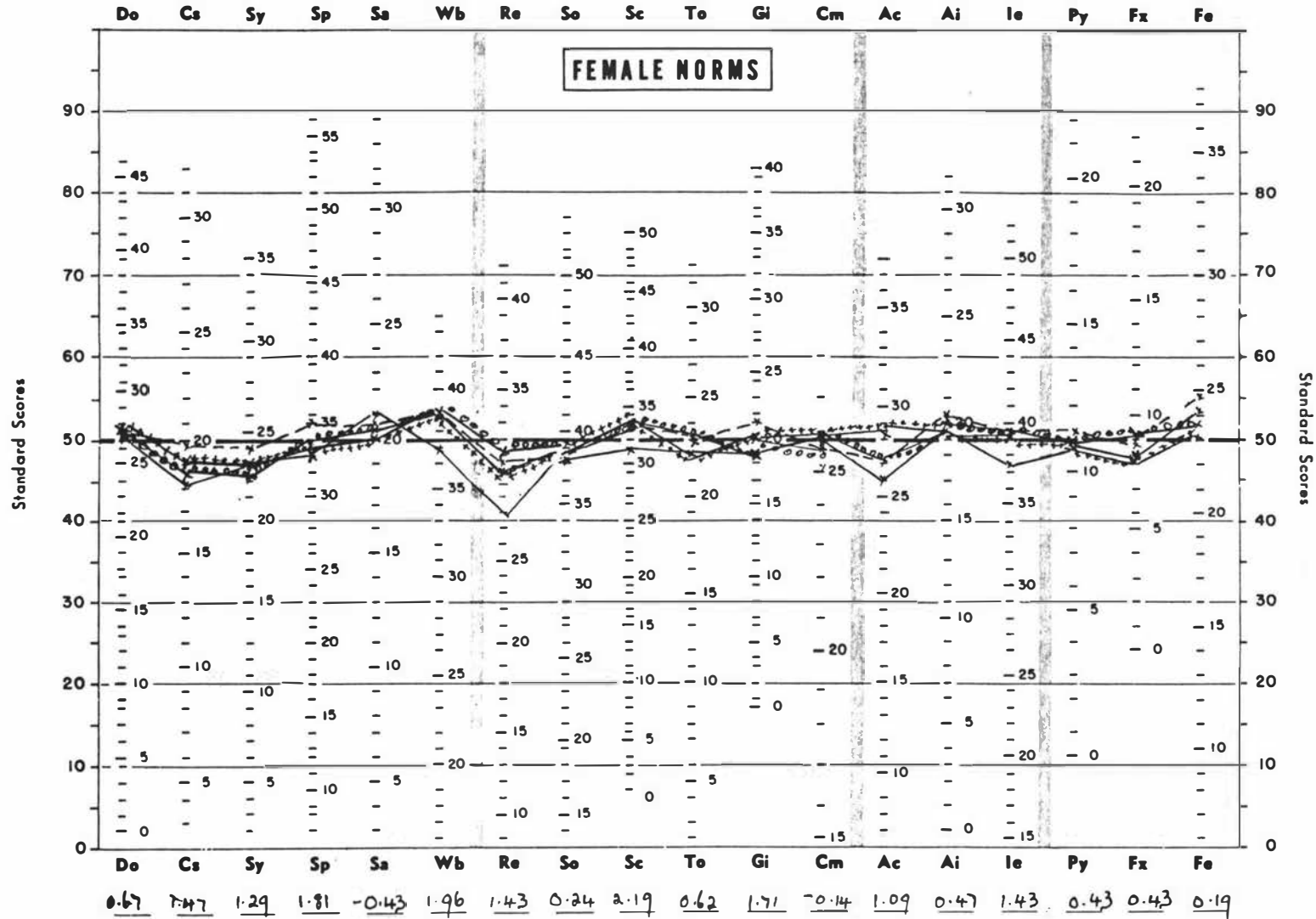


Figure K4.2

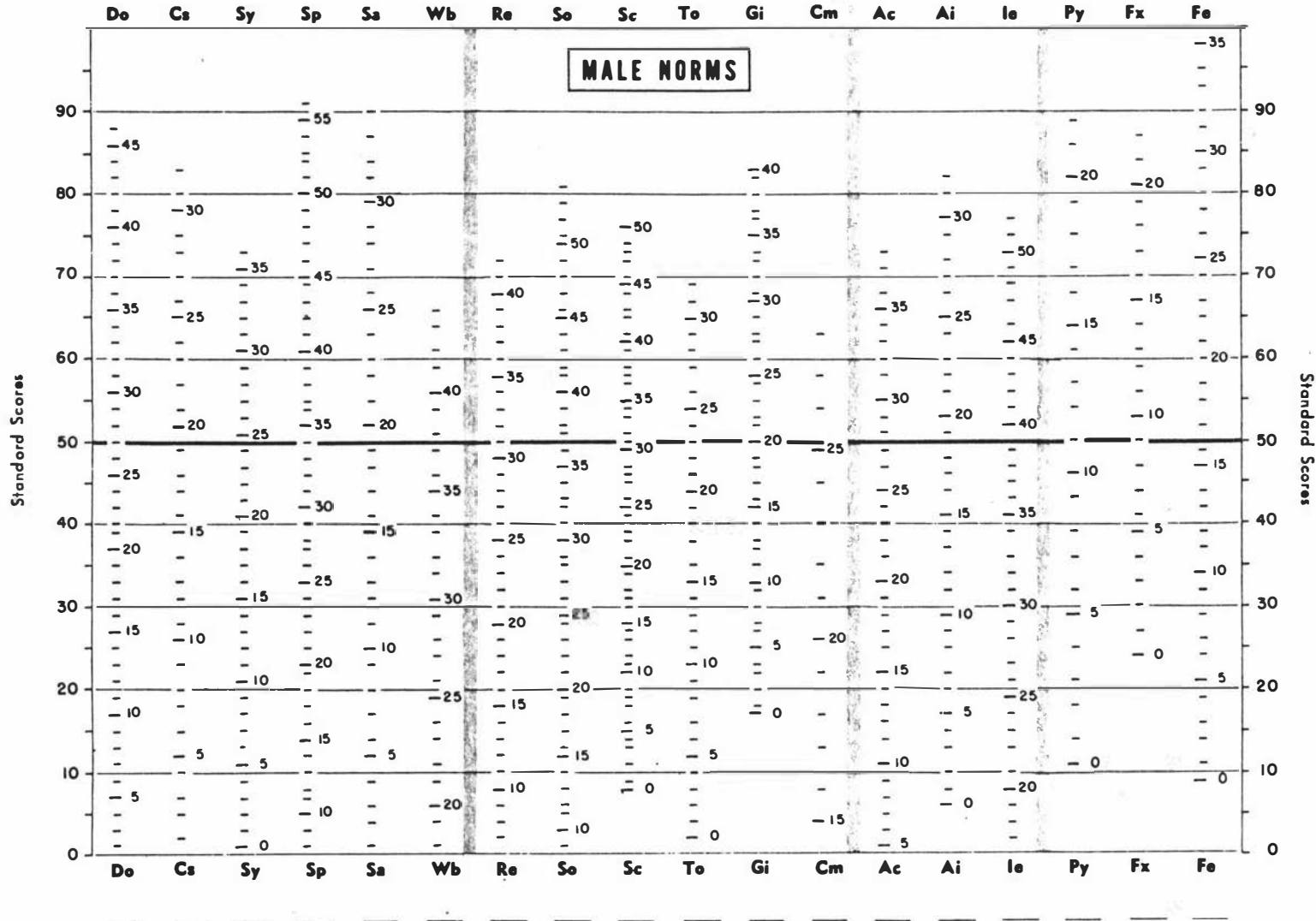
CPI Profiles Group B (T1, T2, T3 and T4)

PROFILE SHEET FOR THE *California Psychological Inventory*: MALE

Name _____ Age _____ Date Tested _____

Other Information _____

Notes:



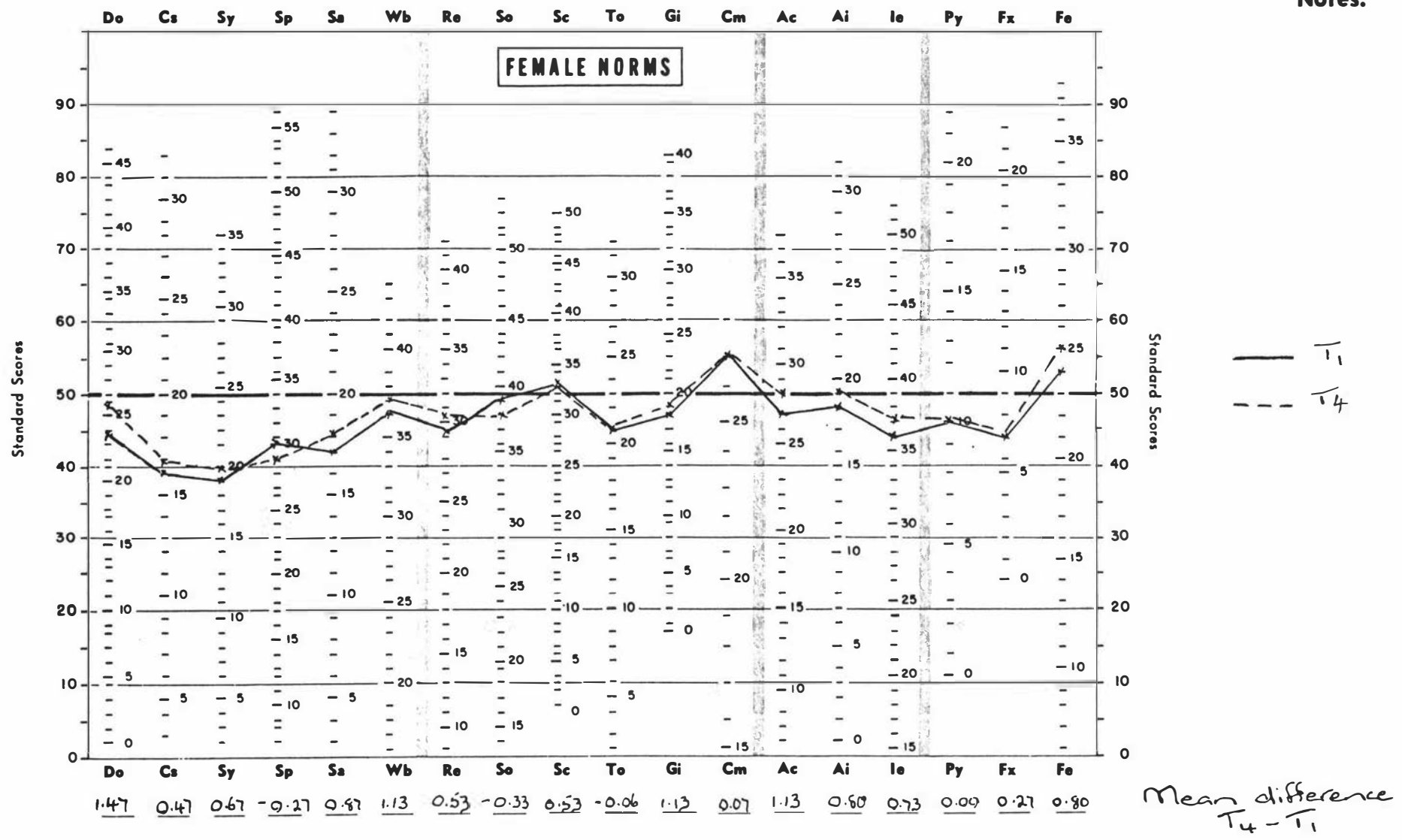
Male Norms

PROFILE SHEET FOR THE *California Psychological Inventory*: FEMALE

Name GROUP C, DELTA HOSPITAL Age _____ Date Tested NOV(T₁) DEC(T₄)

Other Information _____

Notes:



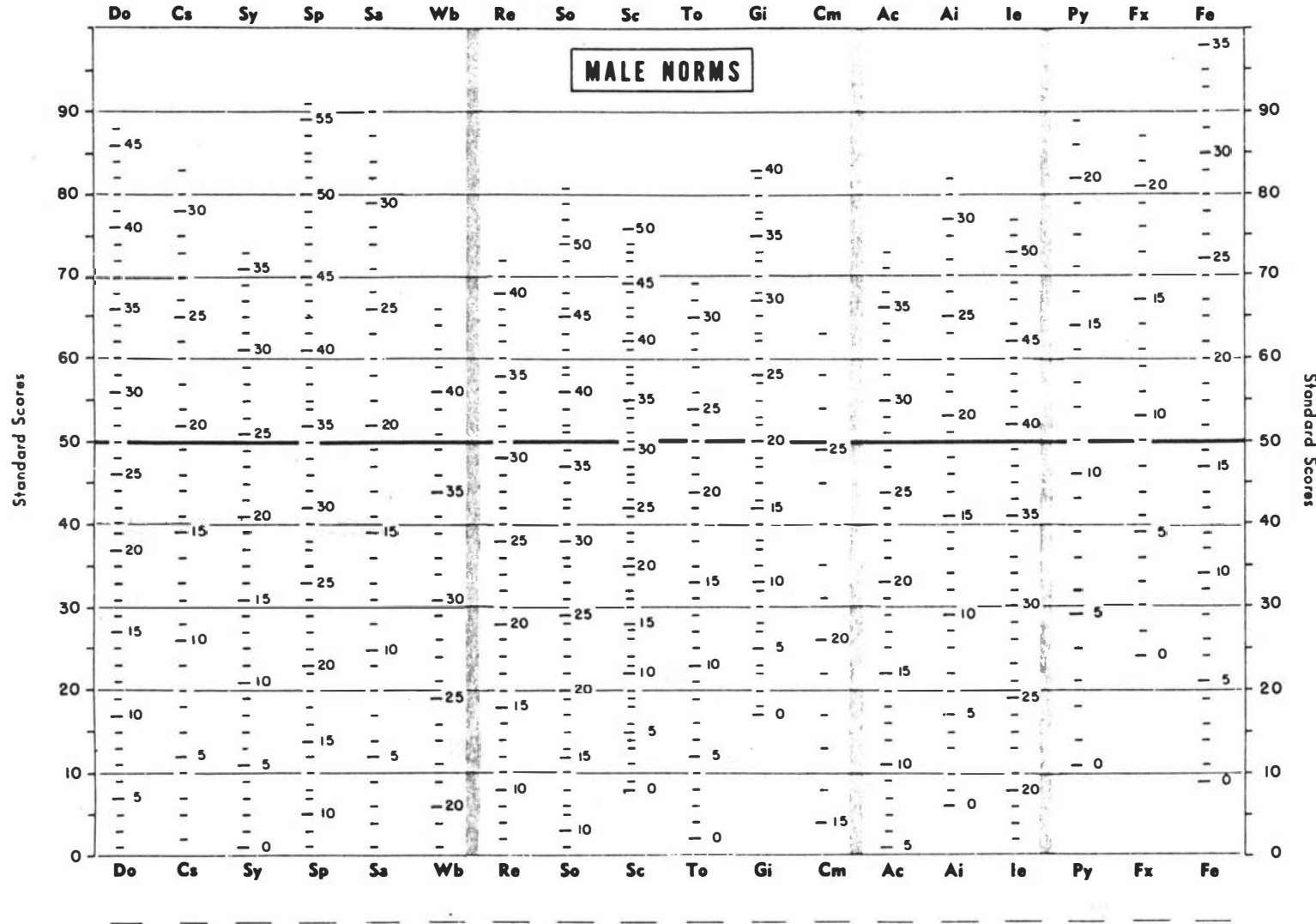
Female Norms
Figure K4.3. CPI Profile (T₁ and T₄) Group C.

PROFILE SHEET FOR THE *California Psychological Inventory*: MALE

Name _____ Age _____ Date Tested _____

Other Information _____

Notes:



Male Norms

NAME GROUP A

DATE TESTED

T1 T2 and T4

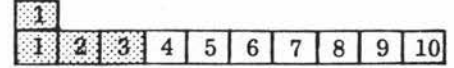
AGE _____ SEX _____

I T₁ - T_C (Time) Ratio:
Self-Actualizing Average: T₁:T_C = 1:8
Your Ratio: T₁:T_C = 1:



OCCUPATION _____

II O - I (Support) Ratio:
Self-Actualizing Average: O:I = 1:3
Your Ratio: O:I = 1:



TIME COMPETENT Lives in the present	INNER-DIRECTED Independent, self-supportive	VALUING		FEELING		SELF-PERCEPTION		SYNERGISTIC AWARENESS		INTERPERSONAL SENSITIVITY	
		SELF-ACTUALIZING VALUE Holds values of self-actualizing people	EXISTENTIALITY Flexible in application of values	FEELING REACTIVITY Sensitive to own needs and feelings	SPONTANEITY Freely expresses feelings behaviorally	SELF-REGARD Has high self-worth	SELF-ACCEPTANCE Accepting of self in spite of weaknesses	NATURE OF MAN, CONSTRUCTIVE Sees man as essentially good	SYNERGY Sees opposites of life as meaningfully related	ACCEPTANCE OF AGGRESSION Accepts feelings of anger or aggression	CAPACITY FOR INTIMATE CONTACT Has warm interpersonal relationships
T _C	I	SAV	Ex	Fr	S	Sr	Sa	Nc	Sy	A	C
80	-125										
	-120										
70	-115										
	-110	-25	-30								
	-105			-20		-15	-15	-15	-9		-25
60	-100									-20	
	-95		-25								
	-90								-8		-20
50	-80		-20								
	-75										-15
40	-70		-15								
	-65	-15		-10			-10		-10		
30	-60										
	-55		-10		-5						-10
	-50					-5			-4		
20	-45			-5			-5				
		-10	-5								-5
									-3		
TIME INCOMPETENT Lives in the past or future	OTHER DIRECTED Dependent, seeks support of others' views	Rejects values of self-actualizing people	Rigid in application of values	Insensitive to own needs and feelings	Fearful of expressing feelings behaviorally	Has low self-worth	Unable to accept self with weaknesses	Sees man as essentially evil	Sees opposites of life as antagonistic	Denies feelings of anger or aggression	Has difficulty with warm interpersonal relations

ADULT NORMS
T₁ _____
T₂ ++++++ -25
T₄ -----

Standard Scores

Standard Scores

Mean difference T₁ - T_C = -0.31
Mean difference T₂ - T_C = 5.21

0.21 2.31 0.79 -0.26 0.74 0.74 1.16 0.31 1.47 2.42

Figure K5.1 POI Profile Group A, T₁, T₂ and T₄.

BRIEF DESCRIPTION OF WHAT THE POI MEASURES

Your profile on the *Personal Orientation Inventory* (POI) shows the degree to which your attitudes and values compare with those of self-actualizing people. A self-actualizing person is one who is more fully functioning and who lives a more enriched life than does the average person. Such a person is developing and utilizing his unique talents to the fullest extent. It is generally agreed that a self-actualizing person might be seen as the desired result of the process of counseling or psychotherapy.

The interpretation of your scores falls into two general categories, the ratio scores and the profile scores. If your ratio scores are close to the scores that self-actualizing persons make, you may consider your values and attitudes, as measured by the POI, to be similar to these people. Your profile scores will further help you to compare yourself with self-actualizing people.

RATIO SCORES

Interpretation of the $T_I - T_C$ Ratio

In order to understand the Time Incompetent - Time Competent ($T_I - T_C$) ratio, it is of help to consider time in its three basic components -- Past, Present, and Future.

The T_I (Time Incompetent) person is one who lives primarily in the Past, with guilts, regrets, and resentments, and/or in the future, with idealized goals, plans, expectations, predictions, and fears.

In contrast to the T_I person, the T_C (Time Competent) person lives primarily in the Present with full awareness, contact, and full feeling reactivity. Because it is known that the self-actualizing person is not perfect, he is understood to be partly T_I and partly T_C . His $T_I - T_C$ ratio is, on the average, 1 to 8. His ratio shows that he therefore lives primarily in the Present and only secondarily in the Past or Future.

If your score is significantly lower than 1 to 8, for example 1 to 3, this suggests that you are more time incompetent than the self-actualizing person. If your score is above 1 to 8, for example 1 to 10, this suggests that you are excessively time competent and this may perhaps reflect a need to appear more self-actualized than you really are.

Interpretation of the O - I Ratio

In order to understand your score on the Support (Other - Inner) ratio, one should first understand that the self-actualizing person is both "other-directed" in that he is dependent upon and supported by other persons' views, and he is also "inner-directed" in that he is independent and self-supportive. The degree to which he is each of these can be expressed in a ratio. The O - I ratio of a self-actualizing person is, on the average, 1 to 3, which means that he depends primarily on his own feelings and secondarily on the feelings of others in his life decisions.

If your score is significantly higher than 1 to 3, that is 1 to 4 or above, it may be that this indicates an exaggerated independence and reflects a need to appear "too self-actualized" in responding to the POI. On the other hand, if your score is lower than 1 to 3, for example 1 to 1, it would suggest that you are in the dilemma of finding it difficult to trust either your own or others' feelings in making important decisions.

PROFILE SCORES

On the Profile Sheet, short descriptions of each of the sub-scales are shown which describe high and low scores. In general, scores above the average on these scales, that is, above the mid-line shown by a standard score of 50, but below a standard score of 60 are considered to be most characteristic of self-actualizing adults. The closer your scores are to this range, the more similar are your responses to the POI responses given by self-actualizing people. The further below the score 50 your scores are, the more they represent areas in which your responses are not like those of self-actualizing people. If most of your scores on the profile are considerably above 60, you may be presenting a picture of yourself which is "too" healthy or which overemphasizes your freedom and self-actualization. Your counselor can discuss the psychological rationale of each scale in greater detail with you.

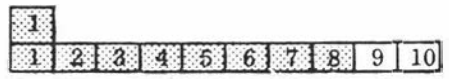
The ratings from this inventory should not be viewed as fixed or conclusive. Instead they should be viewed as merely suggestive and to be considered in the light of all other information. The *Personal Orientation Inventory* is intended to stimulate thought and discussion of your particular attitudes and values. Your profile will provide a starting point for further consideration of how you can achieve greater personal development.

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

NAME GROUP B DATE TESTED T1, T2, T3 and T4

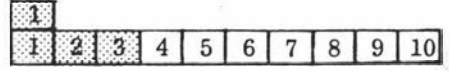
AGE _____ SEX _____

I T₁ - T_C (Time) Ratio:
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Your Ratio: T₁:T_C = 1: _____



OCCUPATION _____

II O - I (Support) Ratio:
Self-Actualizing Average: O:I = 1:3
Your Ratio: O:I = 1: _____



TIME COMPETENT Lives in the present	INNER-DIRECTED Independent, self-supportive	VALUING		FEELING		SELF-PERCEPTION		SYNERGISTIC NATURE OF MAN, CONSTRUCTIVE Sees man as essentially good	AWARENESS SYNERGY Sees opposites of life as meaningfully related	INTERPERSONAL SENSITIVITY	
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T _C	I	SAV	Ex	Fr	S	Sr	Sa	Nc	Sy	A	C
80	-125										
		ADULT NORMS									
	-120										
70	-115										
	-110										
	-105										
60	-100										
	-95										
	-90										
50	-80										
	-75										
40	-70										
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	45										
	50										
	55										
	60										
	65										
	70										
	75										
	80										
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Mean Difference T_C - I 1.09 5.38 0.28 2.67 0.67 0.00 1.19 1.47 6.76 -0.14 0.86 1.61

Raw Scores



Figure K5.2 POI Profile Group B T₁, T₂, T₃ and T₄.

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The ratings from this inventory should not be viewed as fixed or conclusive. Instead they should be viewed as merely suggestive and to be considered in the light of all other information. The *Personal Orientation Inventory* is intended to stimulate thought and discussion of your particular attitudes and values. Your profile will provide a starting point for further consideration of how you can achieve greater personal development.

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

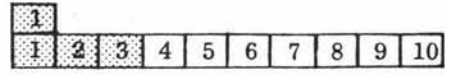
NAME GROUP C DATE TESTED T1, T4

AGE _____ SEX _____ OCCUPATION _____

I T₁ - T_C (Time) Ratio:
Self-Actualizing Average: T₁:T_C = 1:8
Your Ratio: T₁:T_C = 1: _____



II O - I (Support) Ratio:
Self-Actualizing Average: O:I = 1:3
Your Ratio: O:I = 1: _____



TIME COMPETENT Lives in the present	INNER-DIRECTED Independent, self-supportive	VALUING		FEELING		SELF-PERCEPTION		SYNERGISTIC AWARENESS		INTERPERSONAL SENSITIVITY	
		SELF-ACTUALIZING VALUE Holds values of self-actualizing people	EXISTENTIALITY Flexible in application of values	FEELING REACTIVITY Sensitive to own needs and feelings	SPONTANEITY Freely expresses feelings behaviorally	SELF-REGARD Has high self-worth	SELF-ACCEPTANCE Accepting of self in spite of weaknesses	NATURE OF MAN, CONSTRUCTIVE Sees man as essentially good	SYNERGY Sees opposites of life as meaningfully related	ACCEPTANCE OF AGGRESSION Accepts feelings of anger or aggression	CAPACITY FOR INTIMATE CONTACT Has warm interpersonal relationships
T _C	I	SAV	Ex	Fr	S	Sr	Sa	Nc	Sy	A	C
80	-125										
	-120										
70	-115										
	-110	-25	-30								
	-105			-20		-15		-15			
60	-100										
	-95		-25					-20			
	-90										
50	-85										
	-80										
	-75										
40	-70										
	-65		-15								
	-60	-15		-10				-10			
30	-55										
	-50		-10								
	-45										
20	-40										
	-35										
	-30										
	-25										
	-20										
	-15										
	-10										
	-5										
	0										
	5										
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	50										
	55										
	60										
	65										
	70										
	75										
	80										
	85										
	90										
	95										
	100										
TIME INCOMPETENT Lives in the past or future	OTHER DIRECTED Dependent, seeks support of others' views	Rejects values of self-actualizing people	Rigid in application of values	Insensitive to own needs and feelings	Fearful of expressing feelings behaviorally	Has low self-worth	Unable to accept self with weaknesses	Sees man as essentially evil	Sees opposites of life as antagonistic	Denies feelings of anger or aggression	Has difficulty with warm interpersonal relations

ADULT NORMS

T1 _____
T4 - - - -

Standard Scores

Standard Scores

Mean Differences Tc
T1 - T1

Raw Scores: 0.75, -1.75, -0.94, 1.62, 0.44, -0.94, 0.44, 0.48, 0.06, 0.69, 0.62



Figure K5.3 POI Profile (T1 and T4) Group C

BRIEF DESCRIPTION OF WHAT THE POI MEASURES

Your profile on the *Personal Orientation Inventory* (POI) shows the degree to which your attitudes and values compare with those of self-actualizing people. A self-actualizing person is one who is more fully functioning and who lives a more enriched life than does the average person. Such a person is developing and utilizing his unique talents to the fullest extent. It is generally agreed that a self-actualizing person might be seen as the desired result of the process of counseling or psychotherapy.

The interpretation of your scores falls into two general categories, the ratio scores and the profile scores. If your ratio scores are close to the scores that self-actualizing persons make, you may consider your values and attitudes, as measured by the POI, to be similar to these people. Your profile scores will further help you to compare yourself with self-actualizing people.

RATIO SCORES

Interpretation of the $T_I - T_C$ Ratio

In order to understand the Time Incompetent - Time Competent ($T_I - T_C$) ratio, it is of help to consider time in its three basic components -- Past, Present, and Future.

The T_I (Time Incompetent) person is one who lives primarily in the Past, with guilts, regrets, and resentments, and/or in the future, with idealized goals, plans, expectations, predictions, and fears.

In contrast to the T_I person, the T_C (Time Competent) person lives primarily in the Present with full awareness, contact, and full feeling reactivity. Because it is known that the self-actualizing person is not perfect, he is understood to be partly T_I and partly T_C . His $T_I - T_C$ ratio is, on the average, 1 to 8. His ratio shows that he therefore lives primarily in the Present and only secondarily in the Past or Future.

If your score is significantly lower than 1 to 8, for example 1 to 3, this suggests that you are more time incompetent than the self-actualizing person. If your score is above 1 to 8, for example 1 to 10, this suggests that you are excessively time competent and this may perhaps reflect a need to appear more self-actualized than you really are.

Interpretation of the O - I Ratio

In order to understand your score on the Support (Other - Inner) ratio, one should first understand that the self-actualizing person is both "other-directed" in that he is dependent upon and supported by other persons' views, and he is also "inner-directed" in that he is independent and self-supportive. The degree to which he is each of these can be expressed in a ratio. The O - I ratio of a self-actualizing person is, on the average, 1 to 3, which means that he depends primarily on his own feelings and secondarily on the feelings of others in his life decisions.

If your score is significantly higher than 1 to 3, that is 1 to 4 or above, it may be that this indicates an exaggerated independence and reflects a need to appear "too self-actualized" in responding to the POI. On the other hand, if your score is lower than 1 to 3, for example 1 to 1, it would suggest that you are in the dilemma of finding it difficult to trust either your own or others' feelings in making important decisions.

PROFILE SCORES

On the Profile Sheet, short descriptions of each of the sub-scales are shown which describe high and low scores. In general, scores above the average on these scales, that is, above the mid-line shown by a standard score of 50, but below a standard score of 60 are considered to be most characteristic of self-actualizing adults. The closer your scores are to this range, the more similar are your responses to the POI responses given by self-actualizing people. The further below the score 50 your scores are, the more they represent areas in which your responses are not like those of self-actualizing people. If most of your scores on the profile are considerably above 60, you may be presenting a picture of yourself which is "too" healthy or which overemphasizes your freedom and self-actualization. Your counselor can discuss the psychological rationale of each scale in greater detail with you.

The ratings from this inventory should not be viewed as fixed or conclusive. Instead they should be viewed as merely suggestive and to be considered in the light of all other information. The *Personal Orientation Inventory* is intended to stimulate thought and discussion of your particular attitudes and values. Your profile will provide a starting point for further consideration of how you can achieve greater personal development.

APPENDIX K6

Table K6

Group B

Distribution of Significant Mean Differences

before and after treatment and time T_4-T_1 ($p < 0.05$) $N=20$

	Difference (Mean	Standard deviation	t	df	p (2-tailed)
CPI Social presence	1.8095	3.444	2.41	20	0.026*
POI Time competent	1.0952	1.786	2.81	20	0.011*
POI Inner directed	5.3810	6.652	3.71	20	0.001***
POI Existentiality	2.6667	3.261	3.75	20	0.001***
POI Capacity for intimate contact	1.6190	2.598	2.86	20	0.010**
NOI Perceived charge nurse role score	1.3333	2.082	2.94	20	0.006**
Innovative behaviour ward	-3.1905	4.238	-3.45	20	0.003**

* Significant at $p < 0.05$ ** Significant at $p < 0.01$ *** Significant at $p < 0.001$