



This is to certify that the

dissertation entitled
THE PERCEPTIONS OF THE KEY POSITION MANAGERS AT THE
ARMED FORCES HOSPITALS IN SAUDI ARABIA ON PROPOSED
GUIDELINES FOR STAFF DEVELOPMENT PROGRAMS

presented by

Said Jubran Al-Qahtani

has been accepted towards fulfillment
of the requirements for

Ph.D degree in Educational Administration

Major professor

Date February 8, 1989

PLACE IN RETURN BOX to remove this checkout from your record.
TO AVOID FINES return on or before *date due*.

DATE DUE	DATE DUE	DATE DUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MSU Is An Affirmative Action/Equal Opportunity Institution

c:\circ\datedue pm3-p.1

ABSTRACT

THE PERCEPTIONS OF THE KEY POSITION MANAGERS AT THE ARMED FORCES HOSPITALS IN SAUDI ARABIA ON PROPOSED GUIDELINES FOR STAFF DEVELOPMENT

THE PERCEPTIONS OF THE KEY POSITION MANAGERS AT THE ARMED FORCES HOSPITALS IN SAUDI ARABIA ON PROPOSED GUIDELINES FOR STAFF DEVELOPMENT PROGRAMS

This study involved the development of proposed guidelines for staff development programs at the Armed Forces Hospitals in Saudi Arabia. After these guidelines were developed, it was the purpose of this study 1) to explore, investigate and compare the perceptions of the

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

The population of this study was comprised of the hospital administrator, the assistant hospital administrator, the chief of professional staff, the nursing director, the personnel director and training director in seven Armed Forces Hospitals in Saudi Arabia.

A questionnaire and interview techniques were used to gather the data for this study. The data obtained were presented in a way to show how all respondents individually and by sub-groups responded to the questionnaire items. The

5678341

ABSTRACT

SAID AL-QAHTANI

THE PERCEPTIONS OF THE KEY POSITION MANAGERS AT THE ARMED FORCES HOSPITALS IN SAUDI ARABIA ON PROPOSED GUIDELINES FOR statistical techniques STAFF DEVELOPMENT analysis were frequency distribution, percentage, mean and standard deviations.

It appeared (Said Jubran Al-Qahtani) that first, there are no significant differences in the perceptions of key position managers. This study involved the development of proposed guidelines for staff development programs at the Armed Forces Hospitals in Saudi Arabia. After those guidelines were developed it was the purpose of this study 1) to explore, investigate and compare the perceptions of the Armed Forces Hospitals' key position managers on the proposed guidelines and 2) to make recommendations to the trainers, educators, and the administrators of the Armed Forces Hospitals as well as the top authorities of the Armed Forces medical services directories based on the study findings. ing and educational activities at the local Armed Forces The population of this study was comprised of the hospital administrator, the assistant hospital administrator, the chief of professional staff, the nursing director, the personnel director and training director in seven Armed Forces Hospitals located in six major cities.

A questionnaire and interview techniques were used to gather the data for this study. The data generated were presented in a way to show how all respondents collectively and by sub-groups responded to the questionnaire items. The

statistical techniques used for data analysis were frequency distribution, percentage, means and standard deviations.

It appeared from the study findings that first, there are no significant differences in the perceptions of key position managers (sub-groups) on the proposed guidelines. Second, the respondents favor a comprehensive staff development model which consists of three elements: 1) orientation for all employee categories (local, international, Saudi, non-Saudi), 2) in-service training and 3) continuing educational programs for all employees. Third, the respondents favor a centralization of command philosophy and decentralization through execution by the subdivided units. Finally, it was recommended that the medical services directorate should take a leading role in the training and educational activities at the local Armed Forces Hospitals.

CHAPTER II

<u>REVIEW OF THE LITERATURE</u>	19
History of Staff Development	19
Identifying Learning Needs in the Health Care Institutions	20

	Page
Methods of Needs Assessment	23
Questionnaires	23
Interviews	24
Observation Techniques	Page
List of Tables	ix
List of Figures	xi
Planning for Staff Development Programs	30
CHAPTER I	30
<u>NATURE OF THE STUDY</u>	1
Introduction	1
The Historical Background of the Armed Forces' Medical Services Directorate (MSD) in Saudi Arabia	3
MSD Responsibilities	8
Internal Organization of MSD Hospitals	8
Staff of AFHS	9
Statement of the Problem	10
Purpose of the Study	11
Importance of the Study	12
Limitation and Generalization of the Study	12
Research Questions	13
The Organization of the Research Report	14
Definition and Abbreviations	15
CHAPTER II	45
<u>REVIEW OF THE LITERATURE</u>	17
History of Staff Development	17
Identifying Learning Needs in the Health Care Institutions	20

	Page
Methods of Needs Assessment	23
Direct Questionnaires	23
Trainee Interviews	24
Instructor Observation Techniques	24
Records Analysis	25
Planning for Staff Development Programs	26
Learning Techniques	30
Adult Education Principles	30
Strategies for Teaching	32
Lecture	33
Discussion Methods	34
Individualized Instruction	36
Simulation Techniques	37
Laboratory Methods	38
Field Experience	39
Evaluation	41
Evaluation Process	43
Summary	47
CHAPTER III: Experience in the Saudi Armed Forces Hospitals	49
CHAPTER III: Experience in General	73
<u>METHODS AND PROCEDURES</u>	48
Introduction	48
Population	48
Hospital Administrator	49
Assistant Hospital Administrator	51
Chief of Professional Services	51
Section 3	89

	Page
Personnel Director	53
Director of Nursing	54
Training Director	55
Instrumentation	58
Data Collection	59
Questionnaire Survey and Interview	60
Existing (Official) Records	61
Data Analysis	62
Summary	62
Section 4	118
CHAPTER IV	
Section 5	118
<u>PRESENTATION AND ANALYSIS OF DATA</u>	63
Demographic Data	64
Nationality	64
Locations	67
Occupation	67
Educational Level	67
Sex	69
Experience in the Saudi Armed Forces Hospitals	69
Hospital Experience in General	72
Section 1	72
Mission Statement, Philosophy, Goals and Objectives and the Implementation of the Staff Development Program	72
Section 2	79
Determining Educational Needs	79
The Effective Instructional Methods	82
Section 3	89

	Page
Recomm The Orientation of Overseas Employees	89
Recomm Content	93
Summary Hospital-Wide Orientation Program	96
APPENDIX A Content of Hospital-Wide Orientation Program	99
APPENDIX B Department Orientation Program	104
APPENDIX C Content of the Department Orientation Program	105
REFERENCES MSD Orientation Program	108
Content of MSD Orientation Program	112
Section 4	116
Section 5	118
Summary	121

CHAPTER V

<u>SUMMARY, CONCLUSIONS, DISCUSSION AND</u>	
<u>RECOMMENDATIONS</u>	122
Section 1	122
Summary of Purpose and Procedures of Study	122
Research Questions	123
Section 2	124
Findings from the Demographic and Personal Data	124
Conclusions	124
Findings Drawn from the Responses of the Respondents on Questionnaire	125
Conclusions	130
Discussion	132

	Page
Recommendations	139
Recommendation for Further Research	141
Summary	142
APPENDIX A	144
APPENDIX B	163
APPENDIX C	171
APPENDIX D	177
REFERENCES	181
1.3 The Progress Made on the Total Number of The Armed Forces Hospitals' Beds from 1981 - 1985	4
4.1 The Distribution of the Respondents in Relation on their Nationality, Educational Background, Sex, and Their Work Experiences	25
4.2 Respondents Perceptions by Frequency and Percentage on Items Related to the Appropriate Needs Assessment Method	28
4.3 The Respondents Perceptions by Frequency and Percentage on the Proposed Needs Assessment Methods	33
4.4 Respondents Perceptions by Frequency and Percentage on Items Related to the Appropriate Instructional Methods	37
4.5 Respondents Perceptions by Frequency and Percentage of Items Related to the Proposed Orientation of Overseas Employees	91-92
4.6 Respondents Perceptions by Frequency and Percentage on Items Related to the Proposed Hospital-Wide Orientation Program	97-98
4.7 Respondents Perceptions by Frequency and Percentage on Items Related to the Proposed Departmental Orientation Program	106
4.8 Respondents Perceptions by Frequency and Perception on Items Related to the Proposed MSD Orientation Program.....	110-111

4.9 Respondents Perceptions by Frequency and Percentage on Proposed Models for Training and Continuing Educational Programs	117
---	-----

LIST OF TABLES

4.10 Respondents Perception by Frequency and Percentage on a Set of Recommendations to the Trainers And Educators	119
---	-----

Page

TABLE

1.1 Budget Appropriation for the Ministry of Health ...	2
1.2 Hospitals, Beds and Primary Health Centers Under Ministry of Health	4
1.3 The Progress Made on the Total Number of The Armed Forces Hospitals' Beds from 1981 - 1988	7
4.1 The Distribution of the Respondents in Relation on their Nationality, Educational Degree, Sex, and Their Work Experiences	65
4.2 Respondents Perceptions by Frequency and Percentage on Items Related to the Appropriate Needs Assessment Method	75
4.3 The Respondents Perceptions by Frequency and Percentage on the Proposed Needs Assessment Methods	80
4.4 Respondents Perceptions by Frequency and Percentage on Items Related to the Appropriate Instructional Methods	83
4.5 Respondents Perceptions by Frequency and Percentage on Items Related to the Proposed Orientation of Overseas Employees	91-92
4.6 Respondents Perceptions by Frequency and Percentage on Items Related to the Proposed Hospital-Wide Orientation Program	97-98
4.7 Respondents Perceptions by Frequency and Percentage on Items Related to the Proposed Departmental Orientation Program	106
4.8 Respondents Perceptions by Frequency and Perception on Items Related to the Proposed MSD Orientation Program.....	110-111

Table

Page

4.9 Respondents Perceptions by Frequency and Percentage on Proposed Models for Training and Continuing Educational Programs	117
4.10 Respondents Perception by Frequency and Percentage on a Set of Recommendations to the Trainers and Educators	119

Page

FIGURES

Fig 3-1 The Adaptation of Knowles Model to the Needs Analysis in the Staff Development	21
Fig 4-1 The Percentages of the Respondents in Relation to Their Nationality	66
Fig 4-2 The Percentages of the Respondents in Relation to Their Educational Degree	68
Fig 4-3 The Percentages of the Respondents in Relation to Their Sex	70
Fig 4-4 The Percentages of the Respondents in Relation to Their Experiences in Saudi AFH	71
Fig 4-5 The Percentages of the Respondents in Relation to Their Experiences in Hospitals	73

LIST OF FIGURES

		Page
<u>FIGURE</u>		
Fig 2-1	The Adaptation of Knowles Model to the Needs Analysis in the Staff Development	21
Fig 4-1	The Percentages of the Respondents in Relation on Their Nationality	66
Fig 4-2	The Percentages of the Respondents in Relation to Their Educational Degree	68
Fig 4-3	The Percentages of the Respondents in Relation to Their Sex	70
Fig 4-4	The Percentages of the Respondents in Relation to Their Experiences in Saudi AFH	71
Fig 4-5	The Percentages of the Respondents in Relation to Their Experiences in Hospitals	73

health services and the creation of a Health Services Council to develop and coordinate health policy. (Ministry of Information) (See Table 1-1) Currently a number of ministries and government agencies provide medical services. These include the Ministry of Interior, the National Guard, the Ministry of Defense and Aviation, and other agencies which manage highly equipped hospitals and health centers of their own. For example, the Ministry of Defense and Aviation manages several hospitals, one medical center and a medical academy.

CHAPTER I

Nature of the Study

Introduction

One of the most important elements in Saudi Arabia's development over the last quarter century has been the establishment of a modern nationwide system of health care services. Due to the improvement of economic conditions and the tremendous progress made by the Kingdom, the health services have greatly expanded and improved since the establishment of the Ministry of Health in 1953. The Ministry of Health has primary responsibility for the Kingdom's health care program. During the 1980-85 development plan it spent nearly \$10 billion on new construction, the establishment of projects to improve health services and the creation of a Health Services Council to develop and coordinate health policy. (Ministry of Information) (See Table 1-1) Currently a number of ministries and government agencies provide medical services. These include the Ministry of Interior, the National Guard, the Ministry of Defense and Aviation, and other agencies which manage highly equipped hospitals and health centers of their own. For example, the Ministry of Defense and Aviation manages several hospitals, one medical center and a medical academy.

Table 1-1

BUDGET APPROPRIATION FOR THE MINISTRY OF HEALTH

From 1983 - 1987

Sector	1983	1984	1985	1986	1987
Ministry of Health					
1) Salaries	3,432,000,000	3,225,000,000	3,531,000,000	3,760,000,000	3,373,750
2) Recurrent Expenditures	956,377,000	1,735,000,000	1,808,900,000	1,735,000,000	956,377
3) Operation and Maintenance Programs	--	730,800,000	1,120,000,000	1,109,750,000	1,284,056
4) Development Projects	3,671,700,000	2,645,000,000	4,183,000,000	2,209,790,000	1,458,750
TOTAL	8,803,700,000	8,400,800,000	10,742,900,000	8,814,540,000	7,072,933

The government is working to increase the country's trained medical personnel. Within the past five years, the government has opened a new medical college, two medical institutes and five nursing schools. The number of scholarships and training programs and new opportunities in medical fields has increased for Saudi Arabia's young doctors, nurses and technicians.

Between 1970 and 1985, the number of hospitals in the Kingdom has more than doubled; (see Table 1-2) while the emphasis in the 1985-1990 plan is on quality of treatment rather than quantity of facilities (Ministry of Information, p. 4). The following paragraphs will provide an overview of the Armed Forces Hospitals historical background and their nature and responsibilities.

Historical Background

In order to protect the Kingdom's territory, the Holy cities and its valuable oil reserves, it was necessary to establish an efficient army. In accordance with the first basic law of 1932, a military administration known as the Defense Commission was set up. In 1944 it was changed to the Ministry of Defense. With the establishment of regular troops, the Army Medical Services was born. Medical Services began its work in 1946 in a 10-bed clinic and continued in operation until the Prince Mansoor Armed Forces Hospital in Taif was opened in 1950. In the middle of 1952, the Prince Mishaul Armed Forces Hospital in Kharj was opened and was followed by the Prince Saud Armed Forces Hospital in

Table 1-2
HOSPITALS, BEDS AND PRIMARY HEALTH CENTERS
UNDER MINISTRY OF HEALTH
1983 - 1987

Years	Number of Primary Health Centers	Number of Beds	Number of Hospitals
1983			
1984	1984	15387	74
1985	1119	17961	86
1986	1306	20796	105
1987	1431	23862	141
	1437	25902	157

Riyadh in 1952. Between 1955 and 1957 two hospitals were built in the Eastern province. The first was the hospital at the Air Base in Dhahran with 50 beds. It underwent extensive modernization in 1963 and was turned into a special care unit with a physical therapy and a rehabilitation department. It became a part of the Armed Forces Hospital of the King Abdulaziz Air Base. Second was the Armed Forces Hospital on the Base in Dammam with 400 beds. Generally only about 50 of these beds were occupied so the Ministry of Defense and Aviation presented the buildings to King Faisal University. In its five-year development plans, the Saudi government drew up comprehensive reform programs and initiated large scale development projects in various important fields. As a result the Medical Service entered a new phase in 1973-74 and a special independent budget was made available by a directive issued by his Royal Highness, Prince Sultan Bin Abdulaziz Al-Saud, the Second Deputy Premier and Minister of Defense and Aviation. The medical services of the Army, Air Force, and Navy were united into a central administrative organization known as the General Directory of Medical Services of the Armed Forces (MSD). By 1979 the budget had been increased to several thousand million rials (one dollar = 3.75 rials) and the ministry realized that the Armed Forces Hospitals which had been built in the 1950s were outdated and that there was little point in renovating or modernizing them. The ministry was also aware of the

necessity to build Armed Forces Hospitals in areas where previously there had been no provisions for medical treatment. Several new Armed Forces Hospitals were commissioned, one in Riyadh and one in Kharj which was built on the site of the old hospital and inaugurated in 1977. At the same time and because there were no facilities available in the Western, Southern, and Northern regions, hospitals were built in Jeddah, Khamees Moshaitt, Tabuk, and in other military locations. In Al-Hada, an Armed Forces Hospital was built with a center for the handicapped. It went into operation in 1980 under an operation contract with the Armed Forces Hospital at King Abdulaziz Air Base in Dhahran. This was followed by Al-Jubail military hospital which was built in 1982 as a part of the navy base and lately Dhahran Military Medical Center and Dhahran Medical Academy which were built in 1988. All of these hospitals bring the bed number to the total of 3652 beds. (See Table 1-3)

In addition to the above, the MSD operates many small clinics, several field hospitals and provides well advanced air-medical evacuation services to:

- 1) Work 24 hours daily to meet all the emergency calls to transfer patients and to aid in the treatment of injuries
- 2) Transfer patients from hospitals where medical facilities are not sufficient to specialized hospitals
- 3) Provide support in cases of natural disasters by flying medically equipped airplanes and providing required medical supplies
- 4) Transfer medical teams to working areas and to designated hospitals

Table 1-3

THE PROGRESS MADE ON THE TOTAL NUMBER OF
THE ARMED FORCES HOSPITALS' BEDS FROM 1981 - 1988

	1981	1982	1983	1984	1985	1986	1987	1988
Number of Beds	1862	2364	2443	2797	2724	3405	3526	3652

3) Support Armed Forces to evaluate persons with injuries

MSD Responsibilities

As the Ministry of Defense and Aviation, through the MSD, operates many hospitals (The Armed Forces Hospitals (AFHs), the primary responsibilities of MSD are to provide medical services to military employees, to develop medical military facilities and to "standardize" the medical system in terms of its administrative and technical staff.

Rabib (1988) stated that MSD under the direction and control of the Staff has the following responsibilities:

- 1) Advise and supervise Armed Forces on health and medical matters
- 2) Command Armed Forces Hospitals
- 3) Exercise technical staff supervision over all medical facilities and medical units in the Armed Forces units
- 4) Develop and supervise the association of plans and projects designed to provide the best possible medical care in peace and war within available resources
- 5) Establish health standards for Armed Forces
- 6) Selection of medically fit personnel and disposition of medically unfit personnel
- 7) Application of effective means of preventive and curative medicine
- 8) Medical education - research and management

Internal Organization of MSD Hospitals

Most of the Armed Forces Hospitals are now being operated by both the government agency and a private

5) Support Armed Forces to evacuate persons with injuries

appointed by MSD for each hospital is responsible for

MSD Responsibilities

As the Ministry of Defense and Aviation, through the MSD, operates many hospitals (The Armed Forces Hospitals (AFHs), the primary responsibilities of MSD are to provide medical services to ministry employees, to develop medical military facilities, and to "Saudize" the medical system in terms of its administrative and technical staff.

Habib (1985) stated that MSD under the direction and control of the Chief of Staff has the following responsibilities:

- 1) Advise the Chief of Armed Forces on health and medical matters
- 2) Command all Armed Forces Hospitals
- 3) Exercise technical staff supervision over all medical facilities and medical units in the Armed Forces units
- 4) Develop and supervise the execution of plans and programs designed to provide the best possible medical care in peace and war within available resources
- 5) Establish health standards for Armed Forces
- 6) Selection of medically fit personnel and disposition of medically unfit personnel
- 7) Application of effective means of preventive and curative medicine
- 8) Medical education - research and management

Internal Organization of MSD Hospitals

Most of the Armed Forces Hospitals are now being operated by both the government agency and a private

contract company. Accordingly the program director appointed by MSD for each hospital is responsible for organizing and coordinating all activities necessary to the program.

Staff of AFHS

Due to the lack of qualified Saudi medical personnel, the MSD entered into an agreement with several private management consultancy firms. The management consultancy services consisted of:

- 1) All recruiting activities
- 2) Purchasing medical supplies
- 3) To help develop a well defined policy and procedure for medical, nursing support services, personnel and training activities according to the Joint Commission on Accreditation of Health Care Organization's (JCAH) standards.

In order to operate the Armed Forces Hospitals, many doctors, nurses, and technicians have been recruited from North America, Europe and the Far East. However, these new employees faced the following problems:

- 1) Because the staff employed at the Armed Forces Hospital represent many different nations, they were confronted with widespread differences in nursing and medical philosophies, practices, experiences, and education.
- 2) They faced difficulties in identifying the cultural practices of the Saudi patients.
- 3) Because most of the new overseas employees have no knowledge of the Arabic language, this presented an additional obstacle to the adaptation of the medical and nursing practices.

- 4) The new employees faced a variety of problems in using various types of equipment and supplies since the equipment and medical supplies came from many different countries.
- 5) Because access to the higher educational institutions such as universities and colleges are difficult for the non-Saudis, the continuing education for these new employees was also a problem.

MSD Saudi personnel have been used to supplement personnel from other countries. They, however, faced the following problems:

- 1) Because most of them were fresh graduates, they faced the problem of putting their theoretical knowledge into practice.
- 2) Because English is currently the working language of the hospitals, a lack of command of the English language by some of the Saudi employees makes it difficult for them to communicate with other employees.
- 3) No consistent effort has been made in the past to define specific types of training programs to meet their needs (Nifay, 1981).
- 4) The types of programs offered and the subjects included lacked the benefit of guidelines based on a clearcut definition of needs (Nifay, 1981).

In order to help in finding a solution to those problems and in order to meet the educational needs of the AFHS employees, this study is designed to contribute to the fulfillment of some of those needs.

Statement of the Problem

The problem of the present study is the development of guidelines for the planning and implementing the proposed staff development programs at the Armed Forces Hospitals in Saudi Arabia and the perceptions of the key position

managers at these hospitals with respect to the importance of the proposed guidelines for their institutions. The proposed guidelines encompass programs in the orientation of international employees, hospital and departmental orientation programs for new employees, an orientation program for Saudi citizens and training and continuing education programs for all employees.

The gathering of information through questionnaires and interviews with the key position managers at the hospitals will serve as the basis for researcher's recommendation to the trainers and the educators of AFHs as well as the top authorities of MSD.

Purpose of the Study

The purpose of this study is: 1) to explore, investigate, and compare the perceptions of the key position managers at the Armed Forces Hospitals on proposed guidelines for staff development programs based on an instrument which was generated from review of literature, standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAH) and the publications of the American Hospital Association, and 2) to make recommendations based on study findings to the trainers, educators, and the administrators of the Armed Forces hospitals as well as the decision makers at MSD headquarters.

Importance of the Study

This study is important for many reasons: first, very few studies have been conducted on matters related to training in health field in Saudi Arabia, and those studies which have been conducted have been limited to the training situation.

Second, the perception of the key position managers at the Armed Forces Hospitals are very important, helpful and necessary for decision makers because they are needed for the implementation of any program.

Third, this study can be used as a reference for the trainers and educators in the development of any educational program.

Limitation and Generalization of the Study

1. One of the main limitations of this study is the fact that the research was limited to the perceptions of key position managers who were identified as the administrators, assistant administrators, chiefs of professional services, personnel directors, nursing directors, and training directors at the main Armed Forces Hospitals. Generalizing these findings to other hospitals in Saudi Arabia may not be appropriate.

2. The research population was not the only appropriate one for such study. An additional and important population consists of various groups of hospital staff who would benefit from the proposed programs. However, this population is difficult to contact and to investigate.

3. In this research, the key personnel in MSD headquarters were excluded because they are not involved in the daily implementation of training nor specific activities in the local hospitals; but they are the policy makers.

Research Questions

The following general and specific research questions were formulated to guide the present study.

What are the perceptions of the key position managers at the Armed Forces Hospitals with respect to appropriate guidelines for proposed staff development programs that meet the needs of the employees of the Armed Forces Hospitals in Saudi Arabia.

The specific research questions are:

- 1) Who should be responsible for planning and carrying out the training and educational activities?
- 2) Who should get the training and what are the most effective ways to assess their needs for such training?
- 3) What are the most effective model(s) for training and continuing education program?
- 4) What are the most effective instruction method(s) for the various orientation programs?
- 5) What are the most appropriate locations, times, and content, and who is responsible for the orientation of the overseas employees?
- 6) What are the most appropriate times and content for the hospital-wide orientation program?
- 7) What are the most appropriate times and content for the departmental orientation program?
- 8) Who is eligible and what are the most appropriate locations, times, and content for MSD orientation program?

The Organization of the Research Report

This dissertation is organized into five chapters. Chapter I provides a brief background on the health care organizations in Saudi Arabia in general and the historical background of the Armed Forces hospitals in particular, with the nature of their operations and the characteristics of their employees. The statement of the problem -- limitation of the study, importance and need for the study, the organization of the research, and the definition of terms are incorporated in Chapter I.

In Chapter II, an overview of the related literature is reported. The literature is divided into the following sections:

- (a) a brief overview of how staff development began and why it became so important to hospitals and employees alike;
- (b) an examination of how to assess employee needs and how to use those assessment results in planning for the staff development programs;
- (c) an overview of the strategies to facilitate learning and how to apply the principles of adult education to the learning process;
- (d) an overview on the evaluation of the staff development programs.

In Chapter III, the details of the methodology of the study are described.

In Chapter IV, the data collection and the analysis will be described and the results is reported.

Chapter V consists of three sections. The first section is a summary of the purpose and procedures of this

study. The second section is conclusions drawn from findings. The last section contains implications for both practice and further research.

Definitions and Abbreviations

MSD: is the Medical Services Directorate of the Ministry of Defense and Aviation.

AFHS: is the Armed Forces Hospitals which are mostly operated by private contract company under the supervision of MSD.

KEY POSITION MANAGERS: The key personnel who were identified by the researcher as 1) Hospital Administrators, 2) Assistant Hospital Administrators, 3) Chiefs of Professional Services, 4) Nursing Directors, 5) Personnel Directors, 6) Training Directors at the main Armed Forces Hospitals or equivalent.

MAIN ARMED FORCES HOSPITALS: Hospitals with 200 beds and more. Those hospitals are: 1) the Armed Forces Hospital in Riyadh, 2) the Armed Forces Hospital in Al Hada, 3) Dhahran Medical Center, 4) The Armed Forces Hospital at King Abdulaziz Airbase in Dhahran, 5) The Armed Forces Hospital in Jeddah, 6) the Armed Forces Hospital in Tabouk; 7) The Armed Forces Hospital in Khamees Mushait.

HOSPITAL STAFF: All the employees of the main Armed Forces Hospitals.

ORIENTATION: Those programs which help the new employee adjust to a new environment and duties.

INSERVICE TRAINING: Those programs which help to provide the employee with the skills and attitudes needed for the job and to keep the employee abreast of changing methods and new techniques.

CONTINUING EDUCATION: Those programs which help the employee keep up to date with the new concepts and the modern trends in health care services, health and medical education and to increase the knowledge, the understanding and the competency to develop the ability to analyze problems and to work with others.

STAFF DEVELOPMENT PROGRAMS: For the purpose of this study, the staff development programs were identified as the 1) orientation, 2) inservices training and 3) the continuing educational programs.

(b) an examination of how to assess employee needs and how to use assessment results in planning for the staff development programs.

(c) an overview of strategies to facilitate learning and how to apply the principles of adult education to the learning process.

(d) An overview of the methods of evaluating the staff development programs.

History of Staff Development

In order to understand today's emphasis on staff development, a brief review of the historical evolution of staff development may be useful.

Lambertson (1958) stated that "the depression of the 1920s and 1930s forced large numbers of nurses, for the first time in the history of the profession to move from

individual practices to hospital services." The need to ease this transition for both the nurses and their administrators resulted in the first organized approach to staff development. This early CHAPTER II

The second Review of the Literature d from expressed need for improvement in nursing practices. After their

The review of literature is presented in the form of bibliographic essay. Its purpose is two-fold. The first is to provide general background information on staff development educational programs. The second is to present material on hospital-based education activities. It created a

The review is divided into sections as follows:

- (a) a brief overview of how staff development which began and why it became so important to hospitals and employees alike.
- (b) an examination of how to assess employee needs and how to use assessment results in planning for the staff development programs.
- (c) an overview of strategies to facilitate learning and how to apply the principles of adult education to the learning process.
- (d) An overview of the methods of evaluating the staff development programs.

History of Staff Development

In order to understand today's emphasis on staff development, a brief review of the historical evolution of staff development may be useful.

Lambertson (1958) stated that "the depression of the 1920s and 1930s forced large numbers of nurses, for the first time in the history of the profession to move from

individual practices to hospital services." The need to ease this transition for both the nurses and their administrators resulted in the first organized approach to staff development. This early emphasis was on orientation.

The second area of emphasis evolved from expressed need for improvement in nursing practices. After their initial orientation, nurses were concerned with their on-the-job skills. The 1930s and 1940s were characterized by agreed effort towards skill training (Tobin, 1979).

Munk and Lovett in their book, Hospital Wide Educational and Training, stated that World War II created a need for vast numbers of nurses. For the first time, federal funds were available for nursing education which included refresher courses for retired nurses. Refresher courses and orientation programs for new employees were common activities for hospital nursing departments during the 1940s. By 1953 as one hospital administrator said, "with the establishment of a Division of Inservice Education within the Nursing Service Department ... (we have) given this important part of nursing education the recognition and status it deserves."

In the 1940s and 1950s nurses became concerned with self-evaluation. They began to examine their own qualifications, both personal and professional, against the standards currently set by the profession. There was a tremendous upsurge in educational activities as academic requirements of the profession were being established (McManus, 1954).

One indication of interest in inservice education was a 1970 survey conducted by RN magazine, in which it was reported that 93 percent of responding hospitals had nursing inservice programs. Rapid advances in medical technology led to the development of many allied health professions, and to a high rate of change in equipment and procedures in all areas of hospitals. Nurses were not the only personnel requiring inservice education. This was acknowledged by Edwin L. Grosby, M.D., in his report to the 55th Annual Convention of the American Hospital Association in 1953:

Education in hospitals should be extended. There is a pressing need for more planned education for three major groups within the hospital: the patient, ... hospital personnel, so they will be better able to carry out their respective responsibilities, and the paramedical groups ... in preparing this program of education, we need to know more about what should be taught and how it should be presented. (Munk, 1977)

In the 1950s and 1960s, the nursing profession continued working towards developing leadership and management skills. Each generation of nurses pinpoints the individuals within the field who can qualify for leadership roles and who exemplify the progress that the profession has made (Tobin, 1979). The high rate of change the technology of patient care, the increasing mobility of hospital employees, and the recent emphasis on productivity created training needs for all hospital personnel. However as noted by Dr. Grosby, educators and trainers needed more information about what should be taught and how it should be presented. This

latter point was complicated by rapid growth in educational technology. Inservice educational needs had to be defined more carefully for all categories of hospital personnel and a variety of educational tools had to be evaluated. There also was a need for an increased level of activity in hospital training and continuing education (Munk, 1977).

Identifying Learning Needs in the Health Care Institutions

Knowles defines a learning need as "something a person ought to learn for his own good, for the good of an organization, or for the good of society" (1980). Webster's dictionary defines a need as something useful, required or desired that is lacking or a condition in which there is a deficiency of something. Epictetus stated that "it is impossible for anyone to begin to learn what he thinks he already knows" (Tobin, 1979).

From Knowles' definition we can identify three sources of data for identifying needs: the individual, the organization and the society. In Figure 2-1 the adaptation of Knowles model to a needs analysis in staff development is presented. In this regard Tobin stated the "societal changes and needs have a persuading influence in all areas and therefore are shown on the model as a surrounding force." The health care needs of the specific client population form the basis for the learning needs for both the organization and the individual. Keeping the focus on the health needs of the clients in the specific agency or

setting helps to determine the "real" learning needs versus the "nice to know" needs.

(Part) Organizational needs that can generally be met by a learning experience are those identified as being necessary to function competently in that particular setting. Individual learning needs will vary based on educational preparation, experience, licensure requirements, career-oriented goals, and most importantly, individual abilities. The personal goals and needs of the individuals must be considered along with the goals and needs of the organization if the ultimate outcomes, as identified on the model, are to be attained. Disregard for the needs of the employees as individuals can serve as a deterrant in their motivation for continued learning.

At Rhode Island Hospital, a needs survey was conducted using the same questions for supervisory and nonsupervisory staff. In addition to completing the questionnaire regarding their own personal education needs, supervisors were asked to indicate what courses their employees needed. A comparison of the completed supervisory and nonsupervisory forms produced remarkably different results. For example, the supervisors expressed a need for courses related to improving employee attitude. The nonsupervisors were interested in courses related to career development, such as management skills for nonsupervisory persons. In planning programming both of these needs must be addressed. In some cases these needs will be overlapping. Conducting a needs

study will help to determine the kinds of programming that will be most useful to the organization and its employees (Parker, 1986).

Grubb and Mueller stated that the person or persons selected to gather the data should have a knowledge of the hospital and good rapport with those from whom the information is to be gathered. A record of past educational activities in all areas of the hospital and outlines of presently planned learning activities will be valuable to the data gatherer (1975). In fact, the needs assessment can be conducted through a variety of methods. Those methods can be:

Questionnaires

The questionnaire method is considered to be one of the most common techniques in needs assessments for staff development programs. Puetz (1987) stated that although there are many effective ways of assessing learning needs the one most often chosen by continuing or staff development educators is the questionnaire. In her book on evaluation in nursing staff development (1985) she listed general guidelines related to the design or format of the questionnaire. Those guidelines are:

- 1) The form should be attractive. Use a substantial weight of paper, colored paper and/or colored inks.
- 2) A graphic design can be used to attract the respondent's attention to the form.
- 3) The questionnaire should be short. If possible, tell the respondent approximately how long it will take to complete the questionnaire.

- 4) Instructions should be clear and concise. Print instructions in bold type.
- 5) The questionnaire layout should be organized in a logical sequence. Put easily answered questions first, then proceed to more difficult items.
- 6) All pages of the questionnaires should be numbered as should all items included in the questionnaire.
- 7) Include an example before any item that may be difficult to understand.

Interviews

Another common technique is the interview to collect data for staff development programs. In a structured interview, the same questions are asked of all those being interviewed in the same way. In unstructured interviews, the interviewee is asked to direct reactions or comments to one topic, event, or experience and can speak as freely as desired. Babbie (1973) stated that if the respondent clearly misunderstands the intent of a question or indicates that he or she does not understand, the interviewer can clarify matters, thereby obtaining relevant responses. One of the advantages of the interview method is that the interviewer can observe the respondent for reaction while posing the questions.

Observation Techniques

Observation techniques involve watching employees perform in their work environment. Observation is particularly useful in assessing psychomotor skills and affective components of employee activities that are not

easily assessed using written questionnaires. O'Connor (1986) stated that observations may be systematic or random and they may be conducted by the educator, trained raters, supervisors, peers, advisory committee members, or the learner. When needs assessment depends heavily on observation of performance, it is vital for the educator to conduct at least some of the assessments directly. and O'Connor added that observation techniques require several elements for success. Careful planning to determine what will be observed and how observations will be rated is essential. Well-defined criteria and objectives are necessary to focus the observation on essentials. Raters must be trained in use of the rating instrument, and periodic checks on rater reliability must be made to ensure objectivity in reporting. Samples of both positive and negative behaviors must be recorded and observation should take place over time. Puetz (1987) stated that if the purpose of the observation is to assess learning needs, it will be necessary to schedule observations over a period of time; perhaps several months or even a year to be certain planning, preparation and promotion is required. To fulfill such tremendous responsibilities, it is imperative that

Records Analysis

As a source of collecting data for staff development programs, the educator may consider analyzing the existing organization-based records such as statistical reports, incident or accident reports, maintenance records, personnel

related data as turnover and absentee records as well as patient records. O'Connor (1986) stated that records analysis can be a first step in needs assessment by revealing areas needing more focused exploration with questionnaires or observation. Such an analysis can aid in the interpretation and prioritization of learning needs by tying learners' expressed needs to those of the organization and larger society. Because organizational records are compiled for reasons unrelated to learning needs assessment, analysis and interpretation can be highly subjective. Therefore any identification of learning needs based on such records should be confirmed using other techniques. In addition to questionnaires, interviews, observation and records analysis, there are many other needs assessment methods that exist which can be used alone or in combination with others. Nurses have learned as stated by (Riebler, 1983).

Nager and Beach (1983) state that objectives represent a Planning for Staff Development Programs

The completed assessment will provide a mass of data, and in order to utilize it and analyze it, a great deal of planning, preparation and promotion is required. To fulfill such tremendous responsibilities, it is imperative that orientation and continuing education educators and trainers be thoroughly trained for their jobs. The basic knowledge required of those individuals must include the following:

- 1) An objective says something about the learner's behavior. How to set goals, write objectives, put a program together, sell programs, utilize resource persons/materials, exposed.
- 2) An objective talks about the behavior. communicate, provide professional enrichment, evaluate the performance of the teacher.

programs and how to ascertain whether the program has produced positive results resulting in more knowledgeable, and meaningful patient care (Rowe, 1985). Therefore the education and training department or the department in charge of orientation and the continuing educational programs must have a number of goals if it is to be effective.

Mager stated that "an objective is a description of a performance you want learners to be able to exhibit before you consider them competent."

In the process of developing program objectives, the statement of objectives should express the performance expected of the trainees upon completion of the program.

The end-of-course objectives are stated in terms of observable behavior or performance, and do not simply describe what the trainees have learned as stated by (Ribler, 1983). Mager and Beach (1983) state that objectives represent a clear statement of instructional intent and are written in any form necessary to clarify that intent. They added that in practice you will have at least twice as many statements as you have taken on your list. They developed a list of the characteristics of the objectives statement which can be summarized as the following:

- 1) An objective says something about the trainee. It does not describe the textbook, the instructor or the kinds of classroom experiences to which the trainee will be exposed.
- 2) An objective talks about the behavior or performance of trainee. It does not describe the performance of the teacher.

- 3) An objective is about ends rather than means. It describes a product rather than a process.
- 4) An objective describes the conditions under which the trainee will be performing his terminal behavior.
- 5) An instructional objective also includes information about the level of performance that will be considered acceptable.

Writing good objectives is not easy. A good objective is one that motivates the educators to take action and provides direction for that action. There are several criteria that can be used for writing good objectives. These criteria will help the educators to improve their efforts to develop objectives that work for them. The American Hospital Association have listed the following criteria:

1 - Objectives should be written. Many people think that writing objectives is unnecessary. They feel that as long as they think about them it doesn't matter if the objectives are written down or not. This is a dangerous assumption. The purpose of writing objectives is to clarify target dates for accomplishing objectives increases motivation. Once an objective is written down, the investment in it increases. As the investment increases, the personal commitment increases. Written objectives have other advantages as well; they are less likely to be forgotten or lost in the midst of daily pressures and it is easier to integrate several objectives at once and to identify and resolve conflicts among them.

2 - Objectives should be realistic and attainable. If an objective is unrealistic, it is not an objective at all.

It must be attainable. This doesn't mean that one should set low objectives. Objectives should be challenging, they should make one stretch and grow, but they must also be set at a reasonable level -- one toward which a person can be both able and willing to work. Although motivation increases as objectives are set higher, if one sets an objective so high that one does not believe it can be accomplished, one will probably never try. Attainability is difficult to define. Ultimately, each person or organization must judge what is truly attainable. History is full of examples of people achieving unattainable objectives. If an objective feels right, and if it makes sense, it probably can be reached.

3 - Objectives should be specific and measurable. When objectives are stated in vague terms, they provide very little direction. It is difficult to know exactly where to start and in what direction to proceed.

4 - Objectives should have time schedules. Assigning target dates for accomplishing objectives increases motivation, commitment, and action. Each step along the way should be assigned a realistic target date that can and should be adjusted if conditions change. As each target date is reached, a person will experience the pride of accomplishment and greater confidence in the ability to achieve still higher objectives.

5 - Objectives should be compatible. Objectives should be compatible with one another. Otherwise, accomplishing one may prevent you from accomplishing another.

Learning Techniques

This section will cover the strategies to facilitate learning and how to apply the principles of adult education to the learning process.

Adult Education Principles

Human behavior is a very complex and individualized phenomenon. Since the task of staff development programs is to change the attitude and the behavior, it is imperative that individualism be examined and considered by the planner, the trainers and the educators in the process of designing their programs.

A view of learning and behavioral change which holds strong implications for adult education is the perceptual theory of psychology (ASCD, 1959, Combs & Snugg, 1959). This theory suggests that how an individual perceives people, objects, and events in his or her environment will greatly influence how he or she behaves.

Because of the significance of people's perceptions as pertaining to behavior, attitude, and learning, it is most important for educators to give a great deal of consideration to things that determine or affect human perception. Individuals will respond positively to learning if the answer of the following questions is "yes".

Verduin, Miller, and Greer have listed a several perceptual determinants:

Beliefs - what adults believe to be true affects their behavior, whether these take the form of faith, knowledge, assumption or superstition. Beliefs are reality to individuals and their behavior is rooted in this reality.

Values - People's feelings about what is important to them which can be related to ideas, a way of life, material things or people.

Needs - what individuals require to maintain or enhance themselves.

Attitudes - An emotionalized belief about the worth (or lack of worth) of someone or something.

Self-experience (Self concept) - How individuals think others presently see them: how they feel about this, their concept of the roles they play, and how they feel about these, and their ideal role concepts.

In Appendix C fourteen principles of adult education which were developed by Mary Petersen appear as stated in her article, "Adult Educator Competencies". Those principles of adult education provide the conceptual framework for performance competency to guide instructors in the inservice department.

From those principles the following criteria can be generated:

The adult will respond positively to learning if the answer of the following questions is "yes".

1. Does the information have some personal meaning for the participants?
2. Can they relate what they are learning to their goals?
3. Are they active participants in the learning process?
4. Are they exploring new information and experiences?
5. Are the learning sessions uninterrupted and extended over a substantial span of time?
6. Can they consolidate what they have learned before going on to new information or skills?
7. Can they learn in an unpressured environment?

This understanding of the adult participant requires close personal interaction between the participant and the instructor or the educator.

Strategies for Teaching

There are a variety of teaching and instructional techniques or learning styles which can be used for adult programs. These techniques can be used to impart knowledge, to teach a skill, to change attitudes, or to encourage creativity.

Rezler and Rezmovic, (1981) defined learning style as "the manner in which an individual perceives and processes information in learning situations." In one of their series guides for the improvement of instruction Alexander and Davis, (1977) developed a list of the most common instructional methods, and the advantages and the limitations of each method. Those methods are presented in the following discussion.

Lecture

Opinions differ widely regarding the effectiveness of lecturing as an instructional method and much research has been directed at comparing the effectiveness of the lecture with other instructional methods. The results of these studies indicate that the effectiveness of the lecture method depends on the nature of subject and on the skill of the teacher who uses it.

Users of the lecture method must consider how to overcome its limitations and use its strengths to best advantage. Research studies support this view and indicate that the discussion method is particularly effective for learning complex skills such as critical thinking and

Advantages

1. It allows the teacher to cover a large amount of material.
2. It permits the teachers to use their experience and knowledge in an organized and systematic presentation.
3. It can be used with large groups of students.
4. It provides opportunity for students to develop the ability of listening accurately and critically.
5. It doesn't require special instructional equipment or materials.

Limitations

1. The lecture method makes it difficult for the teacher to accommodate students' individual differences.
2. It places heavy reliance on students' listening, memory, and note-taking skills.
3. It demands sustained student concentration.

4. It doesn't provide an opportunity for judging audience understanding or reaction accurately.

5. It is not adequate for developing high-level intellectual skills, e.g., problem solving.

Many of the above limitations may be overcome by skillful preparation and presentation and/or by combining the lecture with other methods.

Discussion Methods

The discussion is generally regarded as one of the most effective methods of instruction for small classes and groups. Research studies support this view and indicate that the discussion method is particularly effective for learning complex skills such as critical thinking and problem solving.

The discussion method is a generic label that encompasses a variety of techniques. These techniques have been developed as a means of focusing on different instructional objectives.

The primary value of all discussion techniques is that they provide an opportunity for students to gain experience through participation and interaction. When groups are encouraged to present and build upon their own ideas, they show (1) higher-than-average achievement on tests of information, (2) positive attitudes toward school, the teacher, and the subject matter, (3) lower levels of anxiety, and (4) more positive self-concepts. As the teacher increasingly structures the discussion so as to influence student ideas, the less students learn in higher

cognitive processes such as the ability to think critically. It is the active exchange of ideas, facts, and opinions that constitutes the learning dynamic in the various discussion methods.

Some instructors hesitate to use the discussion mode because of its apparent inefficiency. The inefficiency of the discussion mode -- i.e., number of objectives achieved per amount of time spent, or number of students achieving objectives per time spent -- rides critically upon two factors; (1) the participants being adequately prepared for the discussion, and (2) the participants, and especially the leader, being adequately skilled in discussion techniques.

Advantages

1. The discussion permits the members of the group to become directly and actively involved in the learning process.
2. It maintains student interest.
3. It provides opportunity to share information and experiences.
4. It provides opportunity to practice and learn such intellectual skills as organizing facts, discerning questions, presenting a coherent argument, and thinking reflectively on one's own ideas and those of others.

Advantages

5. It provides opportunity to practice and learn interpersonal communication.
6. It provides feedback to the teacher on student progress.

Limitations

1. The discussion method does not function well unless participants have a common background of knowledge and level of maturity.
2. They are responsible for and can control their own learning progress.

2. It is time consuming.
3. It depends upon the learner's capacity and mood for participating, and the teacher's willingness to prepare for the discussion in advance.
4. It depends upon all participants having previously learned the discussion skills required to enhance effective participation.

Individualized Instruction

Individualized instruction refers to a wide variety of instructional techniques in which students proceed at their own pace to reach an educational goal. Such techniques are designed to accommodate individual differences among students in learning styles, motivation, personality, knowledge, and skills. Individualized instructional techniques differ in the degree to which students and teachers share the responsibility for setting the instructional goals, structuring the learning process, and evaluating the knowledge and acquired skills. The computer-assisted instruction and the audio-tutorial instruction are good examples of the individualized instruction.

Advantages

1. Individualized instruction accommodates individual differences among students. Students may learn at their own rate and review materials as frequently as necessary. It is particularly effective for slow learners and results in a high rate of retention.

2. Lessons are planned and designed to achieve predetermined outcomes.
3. Students are challenged and motivated because they are responsible for and can control their own learning progress.

4. Students' and instructor's time is used efficiently.
5. Content and procedures are standardized and reproducible.
6. The teacher can continuously monitor the progress of each student.

Limitations

1. Individualized instruction requires extensive time to prepare and validate packages.
2. It permits little social interaction or summary integration of material unless specifically planned for through discussions, debriefings, or peer-assisted learning sessions.

Limitations

3. It requires supervision and counseling for students who are not familiar with the method.
4. It requires management procedures and data collection.

Simulation Techniques

Simulation techniques present students with a task that can only be completed successfully by learning and applying a particular body of facts, concepts, principles, or strategies. Simulation tasks provide students the opportunity to experience situations that would not likely be encountered in real life and to interact and learn from them without fear of serious consequences. Three most frequently used simulation techniques are games, simulated systems, and role playing.

Advantages

1. Because simulation activities are fun and are perceived as having relevance to real-life situations, students are usually motivated to participate.

2. They provide students with the opportunity to become directly involved in learning activities.
3. Many simulation activities promote and reward critical thinking because they involve analyzing possible options and the probable consequences of choosing them.
4. Students of all ability levels can benefit from simulation activities. Students with greater ability are more likely to derive inferences from the experience and generalize or transfer them to real life. Students with lesser ability benefit since highly abstract concepts and principles may be simplified and translated into concrete behavior.

Limitations

1. Simulation techniques can be expensive. Commercial materials are costly; those produced by the teacher may require extensive expenditure of development and testing time.
2. Students may learn to respond incorrectly or inadequately if simulation does not include all important elements of the phenomenon represented.
3. Simulation techniques usually require a great deal of time. The amount of time required is directly related to the level of learning involved.

Laboratory Methods

Laboratory methods can be employed in any academic discipline where practical experience is to be related to theoretical formulations. They need not be confined to "the laboratory," but can include field trips, interviews, and visits to real-life institutions or situations.

Whatever laboratory methods are employed, they should be combined with other instructional methods. Students should be prepared with the prerequisite knowledge they will need for the laboratory experience, either by lecture, text assignment, or individualized instruction.

Advantages

1. The laboratory method allows students to discover things for themselves through controlling conditions, observing relationships, making measurements, interpreting data, and drawing conclusions.
2. The method allows for active involvement of the learner because it emphasizes direct experience with manipulating objects and materials pertinent to the topic being studied.
3. It enhances student motivation since it provides the opportunity to develop understanding and skills that can be used outside the school setting.
4. It permits development of such attributes as carefulness, precision, and tolerance for ambiguity.

Limitations

1. In comparison to other instructional methods, it is relatively inefficient for obtaining information.
2. It can be expensive, requiring equipment, materials, and space.

Field Experience

A field experience is usually conducted as a planned study in which the teacher and students mutually agree on specified goals to be achieved. Arrangements are made for the field placement, and the course of events and progress of the study are usually the responsibility of the student thereafter. Field experiences provide a wide range of learning opportunities including: living and working in another culture and environment, and/or gaining practical work experience in industry, a commercial establishment or government agency, working under the supervision of a

skilled practicing professional, and/or participating in field research programs.

Advantages

1. Field experience accommodates individual differences among students in learning style and aptitude.
2. It provides the opportunity to increase knowledge and skills in realistic situations.
3. It enhances students' motivation by permitting them to become involved in controlling the learning process.
4. It provides the opportunity to integrate.

Limitations

1. The effectiveness of the field experience depends to a large extent upon cooperation of people in the field who are not under the instructor's control.
2. Its effectiveness depends upon the student having developed interpersonal skills and habits of self-control.
3. It requires planning, counseling, and supervision by the instructor.
4. The instructor may be uncomfortable in a situation that requires close relationship with the student.

The key to selecting any teaching method is to target the objectives. In order to present information effectively, instructors must choose strategies based on the objectives they wish to achieve (Haggard, 1984).

Linton and Truelove list other factors besides achievement of objectives that should be considered when choosing a teaching technique.

- 1 - Trainee's previous education, experience, interest and motivation;

- 2 - Degree of content difficulty and complexity;
- 3 - Class size;
- 4 - Availability and cost of facilities and equipment;
- 5 - Training time - most efficient and effective method for allocated.

Also the instructor is responsible for maintaining a learning environment such as the classroom set up.

In Appendix D a set of tables are included which contain recommended Instructional Techniques with the appropriate room arrangement in regard to imparting knowledge, teaching a skill, change of attitude, and encouraging creativity. Those tables are adapted from Russell Robinson's book: An Introduction to Helping Adults Learn and Change (1983).

Evaluation

Tobin, Wise and Hull (1979) defined the evaluation as the process of ascertaining or appraising the value of something and as such requires that a judgment be made. In staff development evaluation is aimed at determining the value of specific learning offerings, and the effectiveness of the overall effort. Presently, the evaluation has become a concern of hospital professionals in all areas of practice. The practitioners at the bedside, in the lecture room and in the community no longer can provide services without concern about demonstrating that the services indeed are beneficial to their clients. The recent emergence of continuing education and staff development programs as

important components of staff education has led to a need to evaluate the effectiveness of those educational programs as well.

Purposes of Evaluation

The purpose of evaluation can be: (1) to assist the educator in defending various programs by knowing the accomplishments and contributions of activities to the hospitals' goals. (2) To provide the administration, the educational department and staff with a means of determining the efficiency and effectiveness of both management and operation. Only by appraisal is it possible to ensure that programs are suited to the trainees or the participants for which they are designed and that they effect the behavioral changes required for improved products or services. (3) To encourage the trainer or the educator and the staff to upgrade their professional skills, look for better facilities, and provide better instructional materials so that measurable improvement will result.

Types of Evaluation

There are varying opinions about the most appropriate type of evaluation. The most common ones are formative and summative. As it conceived by Scriuen (1967), formative evaluation is utilized to determine if the program is operating as originally planned or if improvements are necessary before the program is implemented. The major concern of summative evaluation is the evaluation of the

final product with the major emphasis being program appraisal.

Evaluation Process

In order to have a successful evaluation certain steps need to take place in the process of evaluating any program. Seven steps were developed by Sara Steel and Robert Brack which can be summarized and listed as the following:

1) Understanding

First, it is necessary to understand the purpose of evaluation. Once the purpose is established, other decisions can be made: the level of quality, who will use the results, what information is to be collected, and when it is needed.

A major reason for evaluating the attainment of objectives is to help the adult learn confidence and motivation to participate in more continuing education opportunities. To achieve this purpose, the data must be collected in a non-threatening manner and in such a way that the learner will accept and use the information. To accomplish this purpose the student should be told the results of the evaluation.

2) Specifying

If the particular behaviors that indicate achievement of the objective are not stated in the objective itself, list the examinable outcomes that indicate goal attainment. Also, if one objective is more important than another, use an ordering system to show the relative importance of each.

When doing these tasks, keep in mind the adult education principle that states that adults are task oriented and want to see meaning to their learning.

To specify behaviors either an inductive or deductive method can be used. Induction is accomplished by grouping a number of small related tasks together and transforming their behavior into a meaningful behavior for the adult; deduction starts with the larger behavior and lists the observable measures it comprises.

3) Describing

The person who conducts the evaluation should decide on the quality of acceptable evidence. Generally, the more precise the data the more time it takes to obtain them, and this is especially worrisome in adult education because learning time is usually limited. Adults often become disgusted if time is used for evaluation that they think would be more profitably used in learning.

How accurate must the information be? Is it important that the results be replicated, or is it sufficient to obtain a self-assessment from the learner? Much faith has been put in the experimental approach to evaluation, but this level of data is not needed in all instances. In addition, some data obtained with this method are poor and of little use. The cost/benefit ratio needs to be considered. Also, it is possible that data from several less rigorous means will be as accurate as that from the experimental approach.

4,5) Comparing and Judging

These two steps are usually done together. While different tasks are required to accomplish these steps, some similarities exist between them. The tasks are to compare the results at the end of the course with the objectives set, to compare the results with the original need for the offering, and to compare these results with other means of meeting the objectives.

Judging entails deciding whether the results meet the standards used to evaluate, whether any negative impact outweighs positive results, and whether the objectives and standards were obtainable and realistic.

6) Valuing

Whereas judging determines whether the objectives were met, the valuing process assigns worth to the achievement of the objectives. If the objectives were met, was the effort worth the cost? The answers to questions such as these are more significant than whether the objectives were met.

An offering may have achieved the objectives but be of little worth. On the other hand all the objectives may not have been met, but the program may have been of great value to the learners.

7) Influencing

The valuing process has a direct bearing on the influence exerted. It is evident that the evaluation process is time consuming and costly, therefore the information gained should be used to improve programming.

Sometimes the information gained is for the programmer to use directly, but sometimes it must be referred to another person for action. This requires a plan to carry out this role. The value of the evaluation depends upon its subsequent use to expand effective programming.

To have a successful evaluation it is also important to require a careful management to assure that the evaluation activities proceed as planned. According to Kosecoff and Fink authors of Evaluation Basics, the three most important functions in managing an evaluation are scheduling, staffing and budgeting.

The director or the coordinator of training and educational department needs to be familiar with the details of the evaluation process to know what is to be accomplished by what time. He or she also is responsible for assigning department staff members or people involved in evaluation activities to the evaluation study and monitoring their activities.

In discussing the evaluation of an evaluation, Stufflebeam lists several standards for good evaluation. These are summarized below:

- 1) An evaluation must be technically adequate that is it should provide an accurate assessment of all pertinent areas under investigation.
- 2) An evaluation should be useable. It should be oriented to the informational needs of the users and should provide the needed information in a form that can be used.
- 3) An evaluation design should be practical. It should be workable in the situation where it is to be carried out.

- 4) The evaluation results should be reported. The report should be sufficiently clear to leave no doubt as to the conclusions and recommendations.
- 5) The evaluation should be complete. The total range of findings should be reported.
- 6) The evaluation should be objective. Those conducting the evaluation should be sufficiently independent so that the results are not distorted by personal feelings or prejudices.
- 7) The evaluation should provide applicable information. The information provided should allow those reading it to act on the conclusions and recommendations.
- 8) The evaluation should be balanced. Both strengths and weaknesses should be considered and reported.

Summary

Chapter II has presented a selected review of literature pertinent to this investigation about staff development activities.

The review provided a foundation for a comprehensive conception of the staff development programs by including its history, its importance in the health care field and the process of staff development.

CHAPTER III

Methods and Procedures

Introduction

There were two purposes for conducting the study: 1) to explore, investigate and compare the perceptions of the key position managers at the Armed Forces Hospitals on proposed guidelines for staff development programs. These perceptions were determined by use of an instrument which was generated from a review of literature, standards of the Joint Commission on Accreditation of Healthcare Organization and the publications of the American Hospital Association.

2) To make recommendations to the trainers, educators, and the administrators of the Armed Forces Hospitals as well as the decision makers at MSD headquarters based on the study findings.

This chapter is devoted to a discussion of the methods and procedures used in conducting the study and is divided into four sections including description of the a) population, b) development of the instruments used in the study c) data collection procedures, and d) statistical methods used in analyzing the data.

Population

The population of this study comprised the key position

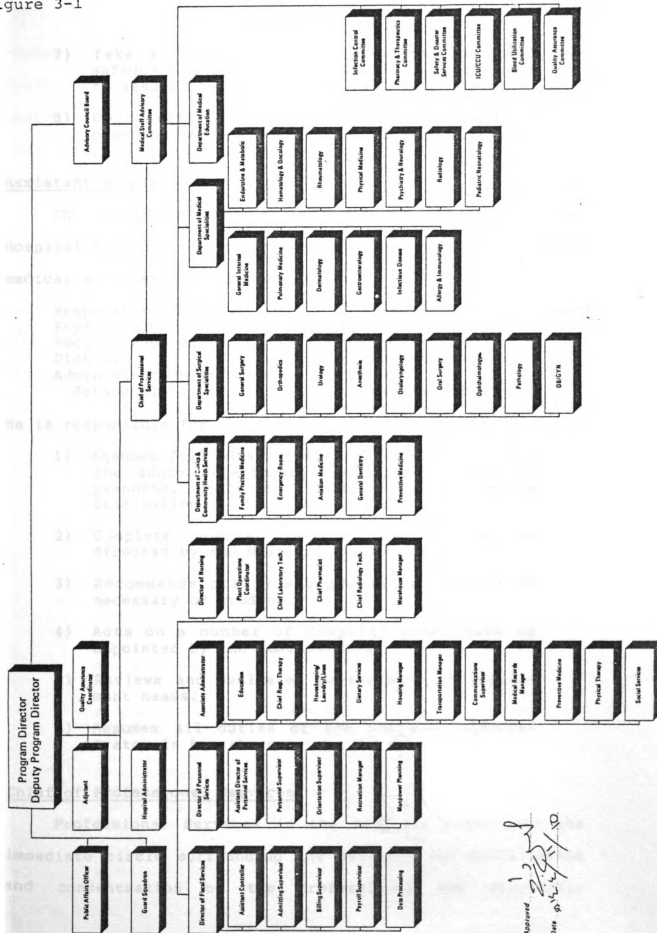
managers at the main Armed Forces Hospitals in Saudi Arabia. Detailed information on the population will be given in the first part of this section. In the second part detailed information will be given also on the places where the studies were conducted.

For the purpose of this study, the organizational chart of the Armed Forces Hospitals at King Abdul Aziz Air Base (AFHKAAB) was taken as a model to identify the key position managers (see Figure 3-1). The duties and responsibilities of those key officers will be presented here as they were described in the manual book printed by (AFHKAAB).

Hospital Administrator

His obligations, functions and ethical conduct are as follows:

- 1) Organize the administrative functions of the hospital, delegate duties, and establish formal means of accountability for subordinates.
- 2) Establish those hospital departments needed to assure the efficient management of the hospital, provide for interdepartmental meetings as necessary, and attend or be represented at such meetings.
- 3) Facilitate effective communication between the medical staff and departments of the hospital.
- 4) Take all reasonable steps to assure that the hospital complies with applicable laws and regulations.
- 5) Establish an organizational structure to carry out the programs of the hospital and to meet the needs of the patients.
- 6) Implement the Program Director's and MSD's policies on the financial management of the hospital.



Approved

Date 9/2/94

- 7) Take all reasonable steps to maintain and safeguard appropriate physical resources and to assure their proper and efficient uses.
- 8) Coordinate and contribute to the effective planning and evaluation of hospital programs.

Assistant Hospital Administrator

The Assistant Administrator reports directly to the Hospital Administrator and is responsible for the following medical ancillary and support services:

Respiratory Therapy	Housekeeping/Laundry-Linen
Physical Therapy	Housing
Medical Records	Transportation
Dietary	Communications
Administration Office	Education
Personnel	Preventive Medicine

He is responsible for the following primary duties:

- 1) Assumes full administrative responsibility for the above departments including guidance of planning, policies, budgeting and space utilization.
- 2) Complete special reports and studies as directed by the Hospital Administrator.
- 3) Recommends policy and procedure changes as necessary or prudent.
- 4) Acts on a number of Hospital Committees as appointed by the Administrator.
- 5) Reviews and evaluates performance of department heads.
- 6) Assumes all duties of the Hospital Administrator in his absence.

Chief of Professional Services

Professional Services in the hospital constitute the immediate circle surrounding the patient, the mobilization and concentration of the professional and scientific

resources dedicated to his restoration to health. Professional services include Medical, Surgical, Obstetrical, Pediatric, Pathology, Laboratory, Radiological, Pharmaceutical, Dental, Medical Records, Dietary, Outpatient, and Nursing Services.

It is the responsibility of the Chief of Professional Services as well as the Administrator to help bring all factors pertaining to hospital operation into a coordinated teamwork to make possible the proper attention to patients by the physicians. Specific responsibilities and functions of the Chief of Professional Services are:

- 1) He functions as an advisor to the Program Director, in determining the hospital mission and goals and the medical staffing necessary to achieve these goals.
- 2) He is responsible for the quality of medical care rendered by all of the practitioners in the hospital and its associated clinics.
- 3) He is responsible for the overall direction of both medical and patient education.
- 4) Being the Chairman of the Medical Advisory Committee and member of the Advisory Council Board, responsible for maintaining a sense of direction in committee disputes, decisions, and policies.
- 5) He is responsible to oversee the medical staff's Quality Assurance Program and to review, analyze the monthly Quality Assurance activity.
- *6) He is responsible for providing residency training programs in the following specialties and subspecialties, according to the Availability of spaces:

Internal Medicine and	Otolaryngology
Subspecialties	Urology
Dermatology	Pathology
Gastroenterology	Dental
Pediatrics	Pharmacy
Anesthesiology	Ophthalmology
General Surgery	Pulmonary Disease
OB/GYN	Radiology
Orthopedic Surgery	Infectious Diseases

* (Now it is done in coordination with the Training Department)

Personnel Director

The Personnel Director reports directly to the Hospital Administrator and is responsible for the following areas or functions:

Government Relations	Manpower Planning
Recruiting	Orientation
Policy Development	Travel
Benefit Administration	Recreation

The duties of this department include:

- 1) Initiates and coordinates the development of personnel policies, directives, and procedures.
- 2) Directs and administers classification and compensation studies and programs.
- 3) Oversees the development, maintenance and update of manpower planning systems and procedures.
- 4) Directs the process to obtain work, visitor and dependent visas, drivers' licenses, residency permits, and sponsorship changes.
- 5) Informs worldwide recruiting offices of manpower needs and directs the hiring process and orientation of new employees.
- 6) Establishes and conducts Saudi training programs with all hospital departments where Saudi Trainees are assigned. (Now it is the responsibility of the Training Director)

- 7) Represents hospital in Labor court cases against the hospital after conferring with legal counsel.
- 8) Counsels employees on disciplinary matters, resolves personnel and contract questions, and interprets Employment Policy.

Director of Nursing

The Director of Nursing reports directly to the Hospital Administrator and is responsible for the nursing divisions and its various sub-divisions. The following report to the Director:

Assistant Directors of Nursing	OB/GYN Nursing
Nursing Supervisors	OR/RR
CSSD Supervisor	ICU
Social Services	Medical Nursing
Surgical Nursing	

The responsibilities of this position include the following:

- 1) Organizes the department of Nursing consistent with the scope of patient services offered and the established Standards of Nursing Practice.
- 2) Establishes and implements Standards for Nursing Practice and Nursing Systems to provide the optimal achievable quality of nursing care.
- 3) Reviews and recommends policies and procedures that relate to qualifications and employment of personnel in Nursing Service.
- 4) Provides and assigns staff in adequate numbers and qualifications to administer individualized goal-directed nursing care.
- 5) Maintains regular review and evaluation of quality and appropriateness of nursing practice and function.
- 6) Prepares budget for the Nursing Department and maintains effective controls for budget administration and allocations.

- 7) Reviews and evaluates job performance of assigned personnel promotes professional and personal growth utilizing available resources.
- 8) Liases with hospital departments and medical staff to promote harmonious and cooperative relationships to effect improved patient care and efficient implementation of services.
- 9) Represents the Nursing Department in institutional planning which includes need for nursing services.

Training Director

The duties and the responsibilities of the Training Directors were not specified in the manual because the training and education activities were a part of the personnel department functions and medical education was the responsibility of the Chief of Professional Services. The assumption is that the Training Director is responsible of all facets of training and educational activities in coordination with the Medical Director for the medical education, with the Nursing Director for the in-service education of the nursing staff and with the administrator, personnel director and the head of departments for the hospital-wide training and education activities.

The distribution of the target population and the number of responses by hospital and occupation are shown in Table 4-1. Six persons responded from the Armed Forces Hospital in Riyadh: one Administrator, one Nursing Director, one Personnel Director, one Training Director and one Chief of Professional Services, and his assistant who was treated as a Chief of Professional Services.

In Al-Hada Hospital all the occupations were represented except the Chief of the Professional Services and the training director. But the Director of the English Language Center and a Senior supervisor on the Training and Education department were treated as a training director, at the same time it should be noted that the researcher held a lengthy interview with the Training Director who was not able to fill out any of the questionnaires.

Tabouk Hospital was represented with one respondent under each occupation. The same case was for the Armed Forces Hospital at King Abdulaziz Air Base in Dhahran and Dhahran Medical Center, but it should be noted also that the person who was treated as a training director of Dhahran Medical Center is the administrator of Dhahran Medical Academy and the reason for treating him as training director because 1) both the Dhahran Medical Center and Dhahran Medical Academy are under one director; 2) both of them are located in one campus; and 3) the academy is used as a training facility for Dhahran Medical Center and other Armed Forces hospitals. In Jeddah all the occupations were represented except the Chief of the Professional Services.

In Khamees Mushait the Personnel Director chose not to participate in filling out the questionnaires nor to set a time for an interview. The hospital was represented with one Hospital Administrator, and his assistant, the Chief of Professional Services, Nursing Director, Personnel Director and two Training Directors. One was the Director of the

Training Center, the other one was a physician who acts as a medical educator and was treated as a training director.

Finally, it should be noted that some of the respondents under the occupation categories in those hospitals had different titles other than the ones that were established for the study. For example, the Hospital Administrator was given the title of the Executive Officer in some of the hospitals and the Chief of the Professional Services is called the Director of Medical Administration or the Medical Director. In some cases, the researcher made an effort to make sure that they have the same duties and responsibilities of the key position managers as were described earlier.

The study was conducted at seven hospitals located in six cities or five regions.

Eastern Region

The study was conducted at:

- 1) Dhahran Medical Center - Dhahran
- 2) The Armed Forces Hospital at King Abdul Aziz Airbase - Dhahran

Central Region

The study was conducted at:

- 1) The Armed Forces Hospital in Riyadh

Western Region

The study was conducted at:

- 1) The Armed Forces Hospital in Al-Hada
- 2) The Armed Forces Hospital in Jeddah

Southern Region

The study was conducted at:

- 1) The Armed Forces Hospital in Khamees Mushait

Northern Region

The study was conducted at:

- 1) The Armed Forces Hospital in Tabouk

Instrumentation

A questionnaire was used as the basis to gather the data needed to answer the research questions posed in this study. The researcher developed the questionnaire in three stages. An initial draft of the instrument was based on information obtained from the review of literature, the standards of the Joint Commission and the publication of the American Hospital Association.

Next, that draft was submitted to a research expert (the instructor of CEP 907A -- Advanced Methods of Research as an assignment for the class and to one of the teaching assistants) to ascertain whether the questionnaire met the general standards for questionnaire construction, such as clarity, design and length and whether it was consistent with the purpose of the study and the research questions.

The researcher then gave the questionnaire to ten Arab students who were pursuing their higher education at Michigan State University in related fields to obtain their comments, evaluation and suggestions.

The final revised questionnaire was comprised of two parts. The first part of the instrument contained questions

designed to elicit personal and demographic information about the respondents, including nationality, occupation, degree, years of experience and location of work.

The second part of the questionnaire contained five sections. The first has items related to the development of the mission statement, goals, and objectives of the staff development program, the second has items related to needs assessment method and the recommended instructional techniques. The third has items related to the determination of time, eligibility, location and content of the proposed orientation programs, fourth has items related to the proposed models for training and continuing education programs, and fifth has items related to a set of recommendations to the trainers and the educators of the staff development programs.

Data Collection

Two types of data were gathered by employing two different methods of data collection: a) a questionnaire survey and interview, b) existing (official) records, governmental documents and reports, both published and unpublished, books and periodicals, resource centers, institutions and persons in the field of health care education and administration, previous research studies, and personal experience (the researcher has worked for the Armed Forces Hospital in Dhahran for more than six years as Assistant Director of Human Resources Department and then as Assistant Hospital Administrator).

Questionnaire Survey and Interview

Since the primary objective of the study was to identify and compare the perceptions of the key position managers at the Armed Forces Hospitals on appropriate guidelines for staff development programs the relevant data had to be obtained necessarily through a survey.

Accordingly the researcher visited each hospital included in the study to distribute the questionnaire and to conduct the interview with the key position managers at those hospitals. To facilitate his mission and to obtain the needed assistance in administering the questionnaire and conducting the interviews, a letter was obtained from the chairman of the researcher's doctoral committee addressed to his sponsor in Saudi Arabia explaining the researcher's need to go back to Saudi Arabia to conduct the study. Upon arrival there the researcher requested a letter from the Director of MSD to each hospital director asking for help and cooperation with the study.

In collecting the data, the researcher spent about six weeks visiting seven hospitals in six cities. The following procedures were followed in distributing the research instrument and collecting the data needed for the study in each hospital.

- 1) A memorandum from the Program Director in each hospital was obtained to the listed key position managers to get their cooperation.
- 2) The key position managers were identified as the following: hospital administrator, assistant hospital administrator, the chief of professional staff, nursing director, personnel director and training director.

- 3) The researcher was introduced to the participants by either the Office of the Program Director or the Training Director.
- 4) The researcher spent 15-20 minutes with each participant to give him or her an overview of the study and to hand out the questionnaire.
- 5) At a scheduled time the researcher collected the questionnaire and at the same time conducted an interview with the participant to seek feedback on the contents of the questionnaire or any related matters.
- 6) A lengthy meeting took place with every training director in each hospital to talk about the training and educational activities in his or her hospital and to obtain more information on matters related to the research.

Existing (Official) Records

A selective review of the literature on orientation, in-service training and continuing education was undertaken. Library research was conducted at the main library and the library of the College of Business at Michigan State University. In addition to the above resources, the researcher made a trip to Chicago, Illinois in March, 1988 to visit the main office of the Joint Commission on Accreditation of Health Care Organization, Hospital Research and Educational Trust, and the Resource Center of the American Hospital Associations.

The researcher also had an opportunity to attend and observe some of the orientation and continuing educational programs at several of the American hospitals. During his visit to Saudi Arabia in summer of 1988, the researcher made a trip to the capital city to visit the headquarters of the National Guard Medical Services, and Ministry of Finance and

National Economy (Central Department of Statistics), for the purpose of collecting some statistical reports as secondary data for the study.

Data Analysis

The data analysis was comprised of two parts; one was an analysis of the characteristics of respondents such as nationality, position, experience, place of work and other relevant variables. These data were used to compare and contrast differences in the perceptions of managers having differing backgrounds. The second part was an analysis of items related to the following: 1) mission statement, goals and objectives of staff development programs, 2) methods of needs assessment and instructional techniques, 3) proposed orientation programs, 4) proposed models for training and continuing educational programs, 5) a set of recommendations to the educators of staff development programs.

In all parts of the analysis, frequency, mean and percentage distribution were used to summarize the characteristics of respondents and responses to the questionnaire items.

Summary

This chapter on the Design of the Study focused on the source of data, population, data collection, instruments and procedures followed. The presentation and the analysis of the data form the basis for the next chapter.

CHAPTER IV

Presentation and Analysis of Data

This chapter contains the research findings and the analysis of the data obtained in this study. The data presented are based on responses given by 43 key position managers at the main Armed Forces Hospitals in Saudi Arabia. First the demographic data are described. Then the data regarding each of the eight research questions are analyzed and presented in the following order:

Section 1. Information related to mission statement, goals, objectives, and the implementation of staff development program.

Section 2. Information related to the appropriate method(s) of determining educational needs and the recommended instructional techniques for the various staff development programs.

Section 3. Information related to time, place and contents of a proposed orientation program.

Section 4. Information related to a proposed model for training and continuing education programs for hospital staff.

Section 5. Information related to a set of recommendations for staff development educators.

Demographic Data

Seven questions were used in the questionnaire instrument to furnish the characteristics of the target population which comprised the hospital administrators, assistant hospital administrators, the chiefs of professional staff, nursing directors, personnel directors and training directors in the Main Armed Forces hospitals in Saudi Arabia. The number of respondents for this study was 43. Those questions cover the following: 1) nationality of the respondents; 2) name of their hospital; 3) their occupation; 4) their educational level; 5) their sex; 6) years of their experience in the Saudi Armed Forces Hospitals and 7) years of experience in hospitals in general. This information is reported by frequency and percentages and is displayed in Table 4-1.

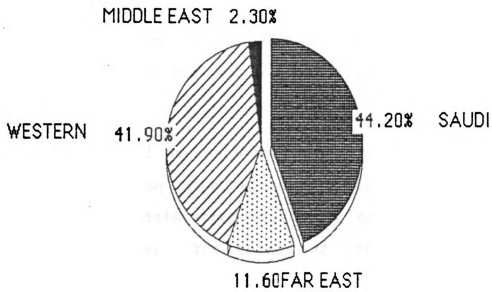
Nationality

Table 4-1 and Figure 1 present the distribution of the respondents by nationality. As the table shows, 44.2% or nineteen of them were Saudis. Eighteen respondents, or 41.9%, were from Europe and North America. The Middleeasterners were 5 or 11.6% and one respondent from the Far East. Among the Saudies, there were four administrators, six assistants, three chiefs of professional services, five personnel directors, and one training director, 42.9% of the administrators, 55.6% or more than half of the training directors and all the nursing directors were from Europe and North America.

Table 4-1

**THE DISTRIBUTION OF THE RESPONDENTS IN RELATION TO THEIR
NATIONALITY, EDUCATIONAL DEGREE, SEX, AND THEIR WORK EXPERIENCES**

Item Description		Admin		Asstnt		Chief of Program		Nursing Director		Personnel Director		Training Director		Total			
		f	%	f	%	f	%	f	%	f	%	f	%	f	%	Mean	STD
Nationality	Saudi	4	57.10	6	75.00	3	50.00	--	--	5	83.30	1	11.10	19	44.20	1.72	0.770
	Western	3	42.90	2	25.00	1	16.70	7	100.00	--	--	5	55.60	18	41.90		
	Middle East	--	--	--	--	1	16.70	--	--	1	16.70	3	33.30	5	11.60		
	Far East	--	--	--	--	1	16.70	--	--	--	--	--	--	1	2.30		
Location	Riyadh	1	14.30	--	--	2	33.30	1	14.30	1	16.70	1	11.10	6	14.00	4.02	2.000
	Al-Hada	1	14.30	1	12.50	--	--	1	14.30	1	16.70	2	22.20	6	14.00		
	Tabouk	1	14.30	1	12.50	1	16.70	1	14.30	1	16.70	1	11.10	6	14.00		
	Dhah M. Mos	1	14.30	1	12.50	1	16.70	1	14.30	1	16.70	1	11.10	6	14.00		
	Dhah. Med.	1	14.30	2	25.00	1	16.70	1	14.30	1	16.70	1	11.10	7	16.30		
	Jeddah	1	14.30	2	25.00	--	--	1	14.30	1	16.70	1	11.10	6	14.00		
	Khamees	1	14.30	1	12.50	1	16.70	1	14.30	1	16.70	2	22.20	6	14.00		
Degree	Ph.D.	1	14.30	--	--	3	50.00	1	14.30	--	--	2	22.20	7	16.30	2.48	0.990
	Master	1	28.60	2	25.00	2	33.30	3	42.90	1	16.70	6	66.70	16	37.20		
	Bachelor	3	42.90	4	50.00	--	--	1	14.30	3	50.00	1	11.10	12	27.90		
	Other	1	14.30	2	25.00	1	16.70	2	28.60	2	33.30	--	--	8	18.60		
Sex	Male	7	100.00	7	100.00	5	100.00	--	--	6	100.00	8	88.90	33	82.50	1.17	0.390
	Female	--	--	--	--	--	--	6	100.00	--	--	1	11.10	7	17.50		
Exper. in AFH	1-2 years	1	14.30	1	12.50	1	16.70	4	57.10	--	--	2	22.20	9	20.90	2.62	1.110
	2-4 years	2	28.60	1	12.50	1	16.70	2	28.60	2	33.30	2	22.20	10	23.30		
	4-6 years	2	28.60	5	62.50	--	--	1	14.30	3	50.00	1	11.10	12	27.90		
	more than 6 years	2	28.60	1	12.50	4	66.70	--	--	1	16.70	4	44.40	12	27.90		
Experience in General	1-5 years	3	42.90	4	50.00	--	--	--	--	3	50.00	3	33.30	13	30.20	2.58	1.250
	5-10 years	1	14.30	1	12.50	2	33.30	--	--	--	--	--	--	7	16.30		
	10-15 years	--	--	3	37.50	1	16.70	--	--	--	--	4	44.40	8	18.60		
	more than 15 years	3	42.90	--	--	3	50.00	7	100.00	--	--	2	22.20	15	34.90		

FIGURE (1)

The percentages of the respondents in relation to their nationality

Locations

The study was conducted at seven hospitals. Those hospitals are:

- 1) Riyadh Military Hospital
- 2) Al-Hadu Military Hospital
- 3) Tabuk Military Hospital
- 4) Armed Forces Hospital in Dhahran
- 5) Dhahran Medical Center
- 6) King Fahad Military Hospital in Jeddah
- 7) Khamecs Mushaitt Military Hospital

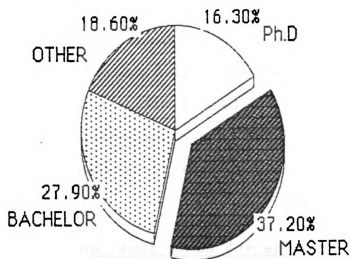
Table 4-1 presents the number of respondents in relation to the hospitals they work for. There were seven respondents from Dhahran Medical Center and six respondents for each of the rest of the hospitals.

Occupation

Table 4-1 presents the number of the respondents under each occupation or sub-group. It indicates that 16.3% or seven were administrators, 18.2% or eight were assistant administrators. The chiefs of the professional services were six or 14% and the nursing directors were seven or 16.3. Six or 14.0% were personnel directors and nine or 20.9% were training and education directors or equivalent.

Educational Level

The responses presented in Table 4-1 and Figure 2 indicate that seven respondents or 16.3% held a Ph.D. degree. Among them were one administrator, three chiefs of professional services, one nursing director and two training directors. Sixteen or 37.2% held a Masters degree; six of them were training directors. Those with Bachelor degrees

FIGURE (2)

The percentages of the respondents in relation to their educational degree.

were 12 or 27.9% under the category "other" were 8 or 18.6%, one of them had a high school diploma, the rest had an advanced diploma after either the master's or bachelor's level.

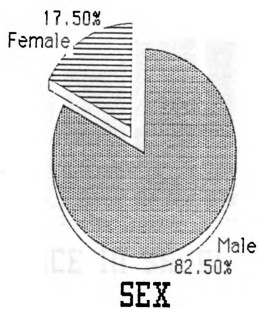
Sex

Table 4-1 and Figure 3 indicate that 33 or 82.5% of the respondents were male and seven or 17.5% were female. Six of the females were nursing directors and one was an inservice coordinator who was treated as a training director as stated in Chapter Three. From this table it may be seen that three respondents did not identify their sex role, but because the researcher was familiar with the respondents, those missing respondents were all identified as male and there was one assistant administrator, one chief of professional services and one nursing director which is an unusual job for a male in Saudi Arabia.

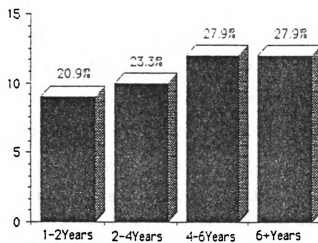
Experience in the Saudi Armed Forces Hospitals

Table 4-1 and Figure 4 display the data related to the respondents' years of working experience for the Armed Forces Hospitals in Saudi Arabia. As the table indicates, 20.9% or nine have a work experience of one to two years. Ten or 23.3% fell into the 2-4 years experience category, of the 44 respondents, 12 or 27.9% have experience of 4-6 years.

Finally, 12 or 27.9% have a work experience of six years or more. Therefore, we can say that more than half of

Figure (3)

The percentages of the respondents in relation to their sex.

Figure (4)

EXPERIENCE IN SAUDI AFH

The percentages of the respondents in relation to their experiences in Saudi AFH.

the respondents have an experience of four years or more in the Armed Forces Hospitals in Saudi Arabia. Among them, 75% of the assistant administrators, 66.7% of the chiefs of the professional services and the personnel directors, and more than half of the administrators (57.2%) and the training directors (55.5%). The table also shows that the nursing are the lowest among the sub-group, as more than half of them (57.1%) fell into the 1-2 years category.

Hospital Experience in General

Table 4-1 and Figure 5 contains data related to the respondents' years of work experience in hospitals. With four categories, 13 or 30.2% had 1-5 years, and seven only were in the category of 5-10 years. Under the category of 10-15 years there were eight or 18.6%. Out of the total number of the respondents 15 or 34.9% had 15 years of experience or more.

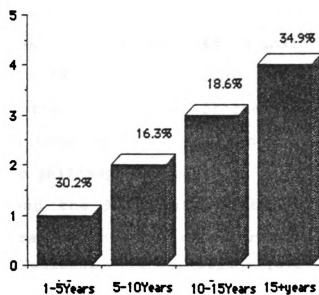
Section 1

Mission Statement, Philosophy, Goals and Objectives and the Implementation of the Staff Development Program

The perception of the respondents on items related to the goals, objectives and implemenation of the staff development programs will be presented in this section which will cover items 1-10.

Item #1. IN ORDER TO SET THE MISSION STATEMENT, THE PHILOSOPHY, THE BROAD GOALS AND OBJECTIVES OF THE TRAINING AND EDUCATIONAL ACTIVITIES THERE ARE TWO CHOICES. PLEASE CIRCLE THE APPROPRIATE ONE AS YOU SEE IT.

Figure (5)



EXPERIENCE IN HOSPITALS

The percentages of the respondents in relation to their experiences in hospitals.

- A. The door should be open for each hospital to state their philosophy, to meet the local needs.
- B. It should be the responsibility of the MSD to set the mission statement, the philosophy, the broad goals and objectives of the training and educational activities but at the same time to leave the door open for local hospitals to initiate their individual programs which meet their needs. Those local programs should match the philosophy of MSD.

A large proportion, 92.5%, of the total group believed that it should be the responsibility of the MSD to set the mission statement, the philosophy, the broad goals and objectives of the training and educational activities but at the same time to leave the door open for local hospitals to initiate their individual programs which meet their needs, although they believed that those local programs should match the philosophy of MSD.

Among the 92.5% of the total respondents all the administrators, nursing directors, and personnel directors are in agreement with expected leading roles of MSD for the training and educational activities. A small proportion, 7.5%, of the total group were in favor of having the door open for each hospital to state its own philosophy to meet its local needs without giving the MSD any role. Among those, one Assistant Administrator, one Chief of Professional Services, and one Training Director. See Table 4-2 for more details.

Item #2. SETTING GOALS AND OBJECTIVES IS IMPORTANT IN THE PROCESS OF DEVELOPING ANY TRAINING OR EDUCATION PROGRAM AND THEY NEED TO BE IN WRITING.

Table 4-2 indicates that the total group is fully in agreement with item 2 which states that setting goals and objectives is important in the process of developing any training or education program. They also believe that those goals and objectives need to be in writing.

Item #3. STATING THE GOALS AND OBJECTIVES OF THE LOCAL INDIVIDUAL PROGRAMS AT EACH HOSPITAL ARE THE RESPONSIBILITY OF TRAINING AND EDUCATION DEPARTMENT WITH THE PARTICIPATION OF THE DEPARTMENT HEADS UNDER THE DIRECTION OF THE TOP MANAGEMENT.

Eighty one percent of the total respondents believe that stating the goals and objectives of local individual programs at each hospital are the responsibility of the Training and Educational Department with the participation of the department heads under the direction of the top management. The rest, 19%, disagree. Table 4-2 indicates that the nursing directors were in lease agreement with item 3 and both the Chief of Professional Services and the Personnel Director are in full agreement with it.

Item #4. PLANNING FOR PROGRAMS IS THE RESPONSIBILITY OF THE TRAINING AND EDUCATION DEPARTMENT.

Table 4-2 indicates that 71.4% of the total respondents were in support for the idea of giving the Training and Education Department the responsibility of planning the educational activities. On the other hand, 28.6% took the position of disagreement. Among those disagreeing were two administrators, one assistant administrator, two chiefs of

professional services, three nursing directors, one personnel director and three training directors.

Item #5. IDENTIFYING TRAINING NEEDS IS THE RESPONSIBILITY OF THE TRAINING AND EDUCATION DEPARTMENT WITH THE PARTICIPATION OF (1) DEPARTMENT HEADS AND (2) PARTICIPANTS (EMPLOYEES).

Table 4-2 indicates that more than four-fifths of the total respondents (88.4%) believed that identifying the training needs should be the responsibility of the Training and Education Department with the participation of both the department heads and the participants (employees), while 11.6% of the total respondents disagree with item 5. Among those who agree with item 5 were all the administrators, all the chiefs of professional services, all the personnel directors, 88.9% of the training directors, 75% of the assistant administrators and 71.4% of the nursing directors.

Item #6. PREPARING THE PROGRAM MATERIALS IS THE RESPONSIBILITY OF THE STAFF OF THE TRAINING AND EDUCATION DEPARTMENT.

Approximately one-fifth of the total group disagrees with giving the staff of the Training and Education department the responsibility of preparing the program materials. Another 4.8% were undecided but more than two-thirds of the total respondents (73.8%) were in agreement. Table 4-2 indicates that the chiefs of the professional services were divided into two groups. Fifty percent of them agree with it and 50% disagree.

Item #7. NOMINATING THE PARTICIPANTS FOR THE TRAINING AND EDUCATION PROGRAMS IS THE RESPONSIBILITY OF THE DEPARTMENT HEADS.

Approximately 70% of the total respondent group, as indicated in Table 4-2, judged that nominating the participants for the training and education programs should be the responsibility of the department heads. Among the total respondents, 9.3% were undecided, 20.9% disagree. Among those who disagree with item 7 were two assistant administrators, two personnel directors, and five training directors. Four persons were undecided; those are one administrator, one chief of professional services, and one training director. The rest of the sub-groups agree with item 7.

Item #8. EVALUATING THE PROGRAM IS THE RESPONSIBILITY OF TRAINING AND EDUCATION DEPARTMENT, DEPARTMENT HEADS, PARTICIPANTS, TOP MANAGEMENT AND SOMETIMES A CONSULTANT.

As indicated in Table 4-2, 92.9% of the total population believe that evaluating the program is the responsibility of the Training and Education Department, department heads, participants, top management and sometimes a consultant. The same table indicates that one Chief of Professional Services and one Training Director disagree and one of the personnel directors was undecided.

Item #9. THE EVALUATION PROCESS SHOULD BE DURING AND AFTER THE PROGRAM.

As indicated in Table 4-2, almost everyone agrees that the evaluation process should be during and after the educational and training programs (95.3%), except one of the personnel directors disagreed and one of the administrators was undecided.

Item #10. THE EVALUATION SHOULD INCLUDE EVALUATING THE INSTRUCTOR(S), THE PARTICIPANTS, THE CONTENT, THE INSTRUCTION METHOD(S) AND THE PROGRAM ENVIRONMENT.

Every person who participated in this survey believed that the evaluation should include evaluating the instructor(s), the participants, the content, the instruction method(s), and the program environment as indicated in Table 4-2.

Section 2

The perceptions of the total respondents on the best method(s) of determining educational and training needs and the most effective instructional method(s) for the various educational activities are presented in this section.

Determining Educational Needs (Items 11-14)

Items (11-14) contain items with respect to methods for determining educational and training needs. In the following, the suggested methods will be listed with perceptions of the respondents.

Item #11. USING THE QUESTIONNAIRE METHOD.

Table 4-3 indicates that 79.1% of the total respondents agree with the idea of using the questionnaire method to

Table 4-3

**THE RESPONDENT'S PERCEPTION BY FREQUENCY AND PERCENTAGE ON THE
PROPOSED NEEDS ASSESSMENT METHODS**

Item Description	Admin			Asst't			Chief of Program			Nursing Director			Personnel Director			Training Director			Total			
	f	%		f	%		f	%		f	%		f	%		f	%		f	Mean	STD	
Item 11 - Using the Questionnaire method	NRC																					
	2	28.60		-	-		2	33.30		1	14.30		1	16.70		1	11.10		7	16.30	2.60	0.700
	UN	1	14.30	-	-		1	16.70		-	-		-	-		-	-		2	4.70		
	PC	4	57.10	6	100.00		3	50.00		6	85.70		5	83.30		8	88.90		34	79.10		
Item 12 - Using the Interview method	NRC																					
	2	28.60		-	-		1	16.70		-	-		-	-		-	-		3	7.00	2.79	0.500
	UN	1	14.30	-	-		-	-		-	-		1	16.70		1	11.10		3	7.00		
	PC	4	57.10	6	100.00		5	83.30		7	100.00		5	83.30		8	86.90		37	86.00		
Item 13 - Using the observation method	NRC																					
	1	14.30		-	-		1	16.70		-	-		-	-		1	11.10		3	7.00	2.74	0.500
	UN	1	14.30	2	25.00		-	-		-	-		1	16.70		1	11.10		5	11.60		
	PC	5	71.40	6	75.00		5	83.30		7	100.00		5	83.30		7	77.80		35	81.40		
Item 14 - Using the document files (incident reports, for example).	NRC																					
	-	-		2	25.00		-	-		-	-		-	-		3	33.30		5	11.60	2.74	0.600
	UN	-	-	-	-		1	16.70		-	-		-	-		-	-		1	2.30		
	PC	7	100.00	6	75.00		5	83.30		7	100.00		6	100.00		6	66.70		37	86.00		

determine educational needs, 4.7% are undecided and 16.3% disagree. Among the sub-groups, one administrator and one chief of professional services were undecided. Among those who disagree with item 11 were two administrators, two chiefs of professional services, one nursing director, one personnel director, and one training director. The rest of the sub-group were in agreement with item 11.

Item #12. USING THE INTERVIEW METHOD.

Table 4-3 indicates that 86% of the total respondents agree with using the interview method as a technique for needs assessment, while 7% disagree and 7% were undecided. Two administrators and one chief of professional services disagree with item 12, while one administrator, one personnel director, and one training director were undecided. The rest of the sub-group were in agreement with item 12.

Item #13. USING THE OBSERVATION METHOD.

Table 4-3 indicates that 81.4% of the total respondents agree with using the observation method as a technique for a needs assessment, one administrator, one chief of professional service and one training director disagree with item 3 while one administrator, two assistant administrators, one personnel director, and one training director were undecided.

Item #14. USING THE DOCUMENT FILES (INCIDENT REPORTS, FOR EXAMPLE).

Table 4-3 indicates that 86% of the respondents agree with using the document files as a technique to gather data needed for the process of identifying training and educational needs; 2.3% were undecided and 11.6% disagree. Among the sub-groups, two assistant administrators, and three training directors disagree with item 14 while one chief of professional services was undecided.

The Effective Instructional Methods

The proposed instructional method for the various staff development programs and the perceptions of the respondents toward each method are presented below.

Item #15. THE LECTURE METHOD: THE TRAINER WILL BE SPEAKING TO A TRAINING GROUP USUALLY FROM PREPARED NOTES. THE TRAINER STANDS IN FRONT OF THE GROUP AND GIVES INFORMATION ON SPECIFIC TOPICS.

Table 4-4 indicates that 69% of the total respondents agree with using the lecture method for orientation programs. Among them are six administrators, five assistant administrators, five chiefs of professional services, two personnel directors, and six training directors.

The table indicates also that 59.5% of the total respondents favor using the lecture method for continuing education programs. Among them are one administrator, six assistant administrators, four chiefs of professional services, all the nursing staff, two personnel directors, and six training directors.

Table 4-4

**RESPONDENTS PERCEPTION BY FREQUENCY AND PERCENTAGE ON ITEMS
RELATED TO THE APPROPRIATE INSTRUCTIONAL METHODS**

Item Description	Admin		Asst't		Chief of Program		Nursing Director		Personnel Director		Training Director		Total	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Item 15 - Lecture Method	6	85.70	5	62.50	5	62.50	5	83.30	2	33.30	6	66.70	29	69.00
	1	14.30	6	75.00	6	75.00	6	100.00	2	33.30	6	66.70	25	59.50
	2	28.60	3	37.50	3	37.50	5	83.30	2	33.30	4	44.40	20	47.60
Item 16 - Individual Study	-	-	2	25.00	2	25.00	1	16.70	-	-	-	-	3	7.10
	7	100.00	6	75.00	6	75.00	5	83.30	6	100.00	9	100.00	38	90.50
	2	28.60	5	62.50	5	62.50	3	50.00	-	-	2	22.20	14	33.30
Item 17 - Coaching	1	14.30	3	37.50	3	37.50	3	42.90	1	16.70	1	11.10	11	25.60
	-	-	1	12.50	1	12.50	3	42.90	-	-	3	33.30	8	18.60
	6	85.70	7	85.70	7	85.70	7	100.00	5	83.30	8	88.90	39	90.70
Item 18 - Rotation	5	71.50	3	37.50	3	37.50	4	66.70	1	16.70	1	11.10	18	39.00
	1	14.30	2	25.00	2	12.50	4	66.70	-	-	6	66.70	15	36.60
	1	14.30	6	75.00	6	85.70	4	66.70	5	83.30	7	77.80	27	65.90
Item 19 - Workshop	-	-	-	-	-	-	1	16.70	2	33.30	2	22.20	5	12.20
	4	57.10	6	75.00	6	75.00	5	83.30	3	50.00	6	66.70	29	70.70
	5	71.40	4	50.00	4	50.00	6	100.00	1	16.70	5	55.60	23	56.10
Item 20 - Simulation	1	14.30	1	12.50	1	12.50	4	66.70	1	20.00	1	11.10	9	22.00
	2	28.60	5	62.50	5	62.50	5	83.30	-	-	4	44.40	18	65.90
	6	85.70	6	75.00	6	75.00	6	100.00	4	80.00	9	100.00	38	81.00
Item 21 - Role Playing	-	-	2	25.00	2	25.00	4	66.70	1	20.00	2	22.20	9	7.10
	5	71.40	4	50.00	4	50.00	6	100.00	3	60.00	6	66.70	27	76.20
	3	42.90	7	87.50	7	87.50	6	100.00	1	20.00	4	44.40	25	54.80
Item 21 - Case Method	-	-	-	-	-	-	2	33.30	-	-	1	11.10	3	9.50
	7	100.00	5	62.50	5	62.50	6	100.00	3	50.00	6	66.70	32	86.70
	2	28.60	6	75.00	6	75.00	3	50.00	3	50.00	7	77.80	23	42.90
Item 23 - Brainstorming	-	-	1	12.50	1	12.50	1	16.70	-	-	2	22.20	4	11.60
	6	85.70	6	75.00	6	75	6	100.00	5	83.30	7	77.80	38	2.30
	3	42.90	3	37.50	3	37.50	4	66.70	1	16.70	4	44.40	18	86.00

Among the total respondents, 47.6% think that the lecture method should be used only for in-service training programs. Among them are two administrators, three assistant administrators, four chiefs of professional services, five nursing directors, two personnel directors, and four training directors.

Item #16. INDIVIDUAL STUDY: THE TRAINEE ENROLLS IN HOME-STUDY COURSES OR READS INDEPENDENTLY.

Table 4-4 indicates that two assistant administrators and one nursing director favor using the individual study method as an instructional technique for orientation programs while 90.5% of the total respondents think it should be used for the continuing educational programs. Among them, all the administrators, all the personnel directors, all training directors, six of the assistant administrators and five of the chiefs of professional services and the nursing directors. The table indicates also that 33.3% of the total respondents favor the individual study for in-service training programs, among them, two administrators, five assistant administrators, two chiefs of professional services, three nursing directors, and training directors.

Item #17. COACHING: INDIVIDUAL ON-THE-JOB TRAINING. THE SUPERVISOR WORKS CLOSELY WITH THE TRAINEE ON SPECIFIC JOB TASKS.

Table 4-4 indicates that 90.7% of the total respondents would favor using the coaching method for in-service

training programs. Among them are all the chiefs of professional services and all the nursing directors. The table indicates also that 25.6% of the total respondents favor using the coaching method for orientation programs. Among them are one administrator, two chiefs of professional services, three assistant administrators, three nursing directors, one personnel director, and one training director. Among the total respondents, 18.6% think that the coaching method can be used for continuing educational programs.

Item #18. ROTATION: INDIVIDUAL ON-THE-JOB EXPERIENCE IN DIFFERENT JOB TYPES, LOCATIONS, DEPARTMENTS, ETC.

Table 4-4 indicates that 65.9% of the total respondents favor using the rotation method for in-service training programs. Among them are seven training directors, six assistant administrators, five personnel directors, four chiefs of professional services, four nursing directors and one administrator. The table indicates also that 89% of the total respondents favor using the rotation method for orientation programs, too. Among them are five administrators, four nursing directors, three assistant administrators, two chiefs of professional services, one personnel director, and one training director.

Almost 37% of the total respondents favor using the rotation method for continuing education programs. Among them are six training directors, four nursing directors, two chiefs of professional services, two assistant administrators, and one administrator.

Item #19. MEETING TO SOLVE PROBLEMS THROUGH GROUP DISCUSSION. THE TRAINER OR CHAIRMAN CONDUCTS DISCUSSION AND INVOLVES TRAINEES IN ATTEMPTS TO SOLVE PROBLEMS AND REACH DECISIONS.

Table 4-4 indicates that 70.7% of the total respondents favor using the workshop method for continuing education programs. Among them are six training directors, six assistant administrators, five chiefs of professional services, five nursing directors, four administrators, and three personnel directors. The table indicates also that 56.1% of the total respondents favor using the workshop method for in-service training programs too, among them, six nursing directors, five administrators, five training directors, four assistant administrators, two chiefs of professional services, and one personnel director. Only twelve percent of the total respondents favor using the workshop method for orientation programs. Among them are two personnel directors, two training directors, and one nursing director.

Item #20. SIMULATION: INDIVIDUALS RECEIVE HANDS-ON EXPERIENCE THROUGH SIMULATION OF THE WORK ENVIRONMENT AND ON-THE-JOB SITUATIONS.

Table 4-4 indicates that 87.8% of the total respondents favor using the simulation method for in-service training programs. Among them are all the training directors, six administrators, six assistant administrators, six nursing directors, five chiefs of professional services, and four

personnel directors. The table indicates also that 43.9% of the total respondents favor using simulation methods for continuing education programs. Among them are five assistant administrators, five nursing directors, four training directors, two administrators and two chiefs of professional services.

Only 22% of the total respondents favor using the simulation method for orientation programs. Those are four nursing directors, one administrator, one assistant administrator, one chief of professional services, one personnel director, and one training director.

Item #21. ROLE PLAYING: A SIMULATED SITUATION IN WHICH TRAINEES ACT OUT THE THOUGHTS AND BEHAVIORS OF PERSONS IN PARTICULAR ROLES IN THE ORGANIZATION. TRAINEES ACT OUT THE SITUATION AND THEN DISCUSS WHAT HAPPENED AND WHY.

Table 4-4 indicates that 65.9% of the total respondents favor using the role playing method for continuing education programs. Among them are all the nursing directors, six training directors, five administrators, four assistant administrators, three chiefs of professional services, and three personnel directors. The table indicates also that 61% of the total respondents favor using the role playing method for in-service training programs. Among them are all nursing directors, seven assistant administrators, four chiefs of professional services and four training directors, three administrators, and one personnel director.

Only 22% of the total respondents favor using the role playing method for orientation programs. Those are four nursing directors, two assistant administrators, two training directors, and one personnel director.

Item #22. CASE METHODS: STUDY OF A SITUATION WHICH INVOLVES A SPECIFIC INCIDENT OR ORGANIZATIONAL PROBLEM. THE CASE IS PRESENTED ORALLY, IN WRITING, OR BY FILM. CONFEREES ANALYZE AND DISCUSS IT, DETERMINE THE ISSUES, AND PROPOSE SOLUTIONS.

Table 4-4 indicates that 76.2% of the total respondents favor using the case method for the continuing education programs. Among them are all the administrators, all the nursing directors, six training directors, five assistant administrators, five chiefs of professional services, and three personnel directors. The table indicates also that 54.8% of the total respondents favor using the case method for in-service training programs. Those are seven training directors, six assistant administrators, three nursing directors, three personnel directors, two administrators, and two chiefs of professional services. Only seven percent of the total respondents favor using the case method for the orientation programs. Among them are two nursing directors and one training director.

Item #23. BRAINSTORMING: A METHOD OF INCITING A GROUP TO "THINK-UP" ORIGINAL AND CREATIVE IDEAS. THE GROUP LISTS ALL IDEAS AND SUSPENDS JUDGEMENTS; FREEWHEELING THINKING AND HITCHHIKING ON OTHERS' IDEAS ARE ENCOURAGED.

Table 4-4 indicates that 85.7% of the total respondents favor using the brainstorming method for continuing education programs. Among them are all the chiefs of professional services, all the nursing directors, seven training directors, six administrators, six assistant administrators, and five personnel directors. The table indicates also that 42.9% of the total respondents favor using the brainstorming method for the in-service training programs. Those are four nursing directors, four training directors, three administrators, three assistant administrators, three chiefs of professional services, and one personnel director.

Almost 9.5% of the total respondents favor using the brainstorming method for orientation programs. Among them are one assistant administrator, one nursing director, and two training directors.

Section Three

Information related to the perceptions of the respondents on the proposed orientation programs are presented in this section.

The Orientation of Overseas Employees

Item #24. TIME AND PLACE OF THE ORIENTATION OF THE OVERSEAS EMPLOYEES. IN ORDER TO MEET THE GOALS AND THE OBJECTIVES OF THIS PROGRAM, IT SHOULD BE CONDUCTED AT: A) THE COUNTRIES OF THEIR POINTS OF HIRE, B) MSD HEADQUARTERS BEFORE THEIR ARRIVAL TO THE LOCAL HOSPITALS, AND C) LOCAL HOSPITALS, AFTER THEIR ARRIVAL.

Table 4-5 presents data related to the perceptions of the respondents on the suggested place and time for conducting the orientation of the overseas employees. The table indicates that 76.9% favor conducting the program at the local hospitals while 61.5% favor conducting the program at the countries of the employee's point of hire. Only 2.6% favor conducting the program at the MSD headquarters. Among those who prefer training conducted at the local hospitals are all the chiefs of professional services, six training directors, five administrators, five assistant administrators, five nursing directors and three personnel directors. Those who prefer training to be conducted at the countries of the employees' point of hire are five assistant administrators, five chiefs of professional services, five training directors, four nursing directors, three personnel directors, and two administrators. The only person who prefers training to be conducted at the MSD headquarters is one of the assistant administrators.

Item #25. THE DESIGN OF THE PROGRAM. THE DESIGNING OF THE ORIENTATION PROGRAM OF OVERSEAS EMPLOYEES IS THE RESPONSIBILITY OF: A) THE RECRUITING COMPANIES, B) THE MSD HEADQUARTERS, C) LOCAL HOSPITALS AND D) ALL THE ABOVE.

Table 4-5 indicates that 64.3% of the total respondents favor giving the responsibility of designing the orientation of the overseas employees to the following: 1) the recruiting companies, 2) the MSD headquarters and 3) the local hospitals. Among those respondents, six assistant

Table 4-5 cont. **RESPONDENTS PERCEPTION BY FREQUENCY AND PERCENTAGE ON ITEMS RELATED TO THE PROPOSED ORIENTATION OF OVERSEAS EMPLOYEES**

Item Description	Admin			Asst't			Chief of Program			Nursing Director			Personnel Director			Training Director			Total			Mean	STD
	f	%		f	%		f	%		f	%		f	%		f	%		f	%			
Item 27 A - Life Style of Saudi People	NR	-	-	-	-	-	1	20.00	-	-	-	-	-	-	-	1	11.10	-	2	4.80	-	2.90	0.431
	RC	7	100.00	8	100.00	-	4	80.00	-	7	100.00	-	6	100.00	-	8	88.90	-	40	95.20	-		
Item 27 B - Customs of Saudi People	RC	7	100.00	8	100.00	-	5	100.00	-	7	100.00	-	8	100.00	-	8	100.00	-	41	100.00	-	3.00	0.000
	RC	7	100.00	8	100.00	-	5	100.00	-	7	100.00	-	6	100.00	-	8	100.00	-	41	100.00	-	3.00	0.000
Item 27 C - Traditions of Saudi People	LN	-	-	-	-	-	-	-	-	-	-	-	1	2.40	-	-	-	-	1	2.40	-	2.97	0.158
	RC	7	100.00	8	100.00	-	5	100.00	-	7	100.00	-	5	83.30	-	8	100.00	-	41	97.60	-		
Item 28 - The development of Health Care Institutions	NR	-	-	-	-	-	1	20.00	-	-	-	-	-	-	-	1	11.10	-	2	4.90	-	2.85	0.478
	LN	-	-	-	-	-	1	20.00	-	-	-	-	1	20.00	-	-	-	-	2	4.90	-		
	RC	7	100.00	8	100.00	-	3	60.00	-	7	100.00	-	4	80.00	-	8	88.90	-	37	90.20	-		
Item 29 - Travel Arrangements	NR	-	-	1	12.50	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2.40	-	2.90	0.370
	LN	-	-	-	-	-	1	20.00	-	-	-	-	-	-	-	1	11.10	-	2	4.80	-		
	RC	7	100.00	7	12.50	-	4	80.00	-	7	100.00	-	8	88.90	-	8	88.90	-	39	92.90	-		

administrators, five administrators, five nursing directors, five training directors, four chiefs of professional services, and two personnel directors. The table indicates also that 35.7% of the total respondents favor giving the responsibility of designing the orientation of overseas to the local hospitals. Those are four training directors, three personnel directors, two administrators, two assistant administrators, two chiefs of professional services and two nursing directors. Out of the total respondents, 9.5% who favor giving the responsibility to the recruiting companies, and 2.4% to the MSD headquarters.

Content

The proposed content for the orientation of overseas employees and the perceptions of the respondents toward each element of the content are presented below.

Item #26a. THE HISTORICAL BACKGROUND OF THE KINGDOM.

Table 4-5 indicates that 90.2% of the total respondents favor giving the program participant a brief on the historical background of the Kingdom as a part of the program's content. Among those who agree are all the administrators, all the assistant administrators, all the nursing directors, 83.3% of the personnel directors, 80% of the chiefs of professional services, and 75% of the training directors. The table also indicates that 4.9% of the total respondents were opposed and 4.9% were undecided.

Item #26b. THE LOCATION OF THE KINGDOM.

Table 4-5 indicates that 92.2% of the total respondents favor giving the participant of the program some information about the Kingdom's location as a part of the program's content. Among those who agree are all the administrators, all the assistant administrators, all the nursing directors, all the personnel directors, 80% of the chiefs of professional services and 75% of the training directors. The table indicates also that one chief of professional services and two training directors disagree with item 26b.

Item #26c. KINGDOM'S POPULATION.

Table 4-5 indicates that 95.1% of the total respondents agree to give the participants of the program some information about the Kingdom's population, 9.8% were opposed and 9.8% were undecided. Among those who were in favor are all the assistant administrators, all the nursing directors, 85.7% of the administrators, 83.3% of the personnel directors, and 62.5% of the training directors.

Item #26d. KINGDOM'S CLIMATE.

Table 4-5 indicates that all the respondents favor giving the participants some information about the Kingdom's climate except one assistant administrator who was opposed and one administrator who was undecided.

Item #26e. KINGDOM'S NATURAL RESOURCES.

Table 4-5 indicates that 75.6% of the total respondents favor giving the participants of the program some information about the Kingdom's natural resources, 14.6% were

undecided and 9.8% were opposed. Among those who were in favor are all the personnel directors, 87.5% of the training directors, 85.7% of the nursing directors, 75% of the assistant administrators, 57.1% of the administrators, and 40% of the chiefs of professional services.

Item #26f. THE RELIGION OF THE KINGDOM.

Table 4-5 indicates that all the respondents favor giving the participants of the program information about the religion of the kingdom.

Item #26g. KINGDOM'S RULES AND REGULATIONS.

Table 4-5 indicates that all the respondents favor giving the participants of the program information about the Kingdom's rules and regulations.

Item #27a. LIFESTYLE OF SAUDI PEOPLE.

Table 4-5 indicates that all the respondents favor giving the participants of the program information about the lifestyle of Saudi people except one chief of professional services and one training director were opposed to item #27a.

Item #27b. CUSTOMS OF SAUDI PEOPLE.

Table 4-5 indicates that all the respondents favor giving the participants of the program information about the customs of Saudi people.

Item #27c. TRADITIONS OF SAUDI PEOPLE.

Table 4-5 indicates that all the respondents favor giving the participants of the program information about the traditions of Saudi people.

Item #27d. HABITS OF SAUDI PEOPLE.

Table 4-5 indicates that all the respondents favor giving the participants of the program information about the habits of Saudi people except one personnel director who was undecided.

Item #28. THE DEVELOPMENT OF HEALTH CARE INSTITUTIONS.

Table 4-5 indicates that 90.2% of the respondents favor giving the participant of the program information about the development of health care institutions in the Kingdom, 4.9% disagree and 4.9% were undecided. Among those who were in favor are all the administrators, all the assistant administrators, all the nursing directors, 88.9% of the training directors, 80% of personnel directors, and 60% of the chiefs of professional services.

Item #29. TRAVEL ARRANGEMENTS.

Table 4-5 indicates that all the respondents favor giving the participants of the program information about the travel arrangements, except one assistant administrator who was opposed and one chief of professional services and one training director who were undecided.

Hospital-Wide Orientation Program

Item #30. TIMING. WHAT WOULD BE THE BEST TIME TO CONDUCT THE HOSPITAL-WIDE ORIENTATION PROGRAM: A) BEFORE THE NEW EMPLOYEE STARTS THE WORK, B) THE FIRST DAY HE/SHE STARTS THE WORK, C) AFTER HE/SHE STARTS THE WORK.

Table 4-6 indicates that 76.2% of the total respondents favor conducting the program before the new employee starts

Table 4-6
RESPONDENTS PERCEPTION BY FREQUENCY AND PERCENTAGE ON
ITEMS RELATED TO THE PROPOSED HOSPITAL-WIDE ORIENTATION PROGRAM

Item Description	Admin		Asst't		Chief of Program		Nursing Director		Personnel Director		Training Director		Total		Mean	STD	
	I	%	I	%	I	%	I	%	I	%	I	%	I	%			
Item 30 - Time of hospital-wide Orientation program A - Before starting the work B - The first day of work C - After starting work	RD	7	100.00	5	62.50	4	66.70	5	71.40	3	60.00	8	88.90	32	78.20	1.26	0.497
	RC	-	-	3	37.50	2	33.30	2	28.60	2	40.00	-	-	9	21.40	-	-
	RC	-	-	-	-	-	-	-	-	-	-	1	11.10	1	2.40	-	-
Item 31-39 - The content of the hospital-wide Orientation Program Item 31 A - Hospital's history	NRC	-	-	1	12.50	1	16.70	-	-	-	-	2	25.00	6	9.50	2.76	0.617
	LN	1	14.30	1	12.50	-	-	-	-	-	-	-	-	2	4.80	-	-
	RC	6	85.70	6	75.00	5	83.30	7	100.00	6	100.00	6	75.00	36	85.70	-	-
Item 31 B - Hospital's goals	RC	7	100.00	8	100.00	6	100.00	7	100.00	6	100.00	9	100.00	43	100.00	3.00	0.000
Item 31 C - Hospital's philosophy	NRC	-	-	-	-	-	-	-	-	-	-	1	12.50	1	2.40	2.90	0.370
Item 32 A - A Organizational Chart	LN	-	-	2	25.00	6	100.00	-	-	6	100.00	-	-	39	92.90	-	-
	RC	7	100.00	6	75.00	6	100.00	7	100.00	6	100.00	7	87.50	42	97.70	2.80	0.305
	NRC	-	-	-	-	-	-	-	-	-	-	1	11.10	1	2.30	2.80	0.305
Item 32 B - Department Communication	RC	7	100.00	8	100.00	6	100.00	7	100.00	6	100.00	8	88.90	42	100.00	3.00	0.000
Item 32 C - Facility - Map of Hospital	NRC	1	14.30	1	12.50	-	-	-	-	-	-	1	12.50	3	7.10	2.80	0.537
Item 33 A - Personnel (benefits, vacation)	LN	1	14.30	1	12.50	-	-	-	-	-	-	-	-	1	2.40	-	-
	RC	5	71.40	7	87.50	6	100.00	7	100.00	6	100.00	7	87.50	38	95.00	-	-
	RC	7	100.00	8	100.00	6	100.00	7	100.00	6	100.00	8	100.00	42	100.00	3.00	0.000
Item 33 B - Policies and procedures and Regulations	LN	-	-	1	12.50	-	-	-	-	-	-	-	-	1	2.30	2.97	0.152
Item 34 - Hospital Policies Visiting Hours	RC	7	100.00	7	87.50	6	100.00	7	100.00	6	100.00	9	100.00	42	97.70	-	-
	NRC	-	-	-	-	1	16.70	-	-	-	-	-	-	1	2.40	2.90	0.342
	LN	-	-	-	-	1	16.70	-	-	-	-	-	-	1	2.40	-	-
Item 35 A - Hospital Policies Visiting Hours	RC	7	100.00	8	100.00	4	66.70	7	100.00	6	100.00	8	100.00	40	95.20	-	-

Table 4-6 cont.

**RESPONDENTS PERCEPTION BY FREQUENCY AND PERCENTAGE ON
ITEMS RELATED TO THE PROPOSED HOSPITAL-WIDE ORIENTATION PROGRAM**

Item Description	Admin			Asst't			Chief of Program			Nursing Director			Personnel Director			Training Director			Total			
	f	%		f	%		f	%		f	%		f	%		f	%		f	%	Mean	STD
Item 34 B - Time Clocks	NFC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	12.50		1	2.40	2.87	0.400
	UN	-	-	-	-	-	1	16.70	-	-	-	-	-	-	-	2	25.00		3	7.30		
	RC	7	100.00	8	100.00		5	83.30	6	100.00	6	100.00	6	100.00		5	62.50		37	90.20		
Item 34 C - Cafeteria	NFC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	12.50		1	2.40	2.92	0.342
	UN	-	-	-	-	-	1	16.70	-	-	-	-	-	-	-	-	-		1	2.40		
	RC	7	100.00	8	100.00		5	83.30	7	100.00	7	100.00	6	100.00		7	87.50		40	95.20		
Item 34 D - Uniforms, Name tags, etc.	NFC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	12.50		1	2.40	2.92	0.342
	UN	-	-	-	-	-	1	16.70	-	-	-	-	-	-	-	-	-		1	2.40	2.92	0.342
	RC	2	100.00	8	100.00		5	83.30	7	100.00	7	100.00	6	100.00		7	87.50		40	95.20		
Item 34 E - Parking	NFC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	16.70		1	2.40	2.90	0.370
	UN	-	-	-	-	-	1	16.70	-	-	-	-	-	-	-	2	24.0		2	2.40		
	RC	7	100.00	8	100.00		5	83.30	7	100.00	7	100.00	5	83.30		7	87.50		39	95.20		
Item 35 - Policy and Procedures	NFC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	11.10		1	2.30	2.93	0.338
	UN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	11.10		1	2.30		
	RC	7	100.00	8	100.00		6	100.00	7	100.00	7	100.00	6	100.00		7	77.80		41	95.30		
Item 36 A - Safety Program Fire Prevention	UN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	11.10		1	2.30	2.97	0.152
	RC	7	100.00	8	100.00		6	100.00	7	100.00	7	100.00	6	100.00		8	88.90		42	97.70		
	UN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	12.50		1	2.40	2.97	0.154
Item 37 A - Resources Policy Manuals	RC	7	100.00	8	100.00		6	100.00	7	100.00	7	100.00	6	100.00		7	87.50		41	97.60		
	NFC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	22.20		2	4.70	2.83	0.485
	UN	-	-	-	-	-	1	16.70	-	-	-	-	-	-	-	2	22.20		3	7.00		
Item 37 B - Library	RC	7	100.00	8	100.00		5	83.30	7	100.00	7	100.00	6	100.00		6	55.80		38	88.40		
	UN	-	-	-	-	-	1	16.70	-	-	-	-	-	-	-	-	-		1	2.40	2.97	0.154
	RC	7	100.00	8	100.00		5	83.30	7	100.00	7	100.00	6	100.00		6	100.00		41	97.60		
Item 38 A - Incident Reports	RC	7	100.00	8	100.00		6	100.00	7	100.00	7	100.00	6	100.00		8	100.00		42	100.00	3.00	0.000
	Item 38 B - Patient Care	UN	-	-	-	-	-	-	-	-	-	-	-	-	-	1	11.10		1	11.10	2.97	0.152
	RC	7	100.00	8	100.00		6	100.00	7	100.00	7	100.00	6	100.00		8	88.90		42	88.90		
Item 38 C - Professional Liability	UN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	12.50		1	12.50	2.97	0.154
	RC	7	100.00	8	100.00		6	100.00	7	100.00	7	100.00	6	100.00		7	87.50		41	87.50		
	Item 39 - Tour of the Hospital	NFC	-	-	-	-	-	-	-	-	-	-	-	-	-	1	11.10		1	11.10	2.95	0.305
RC	7	100.00	8	100.00		6	100.00	7	100.00	7	100.00	6	100.00		8	88.90		42	88.90			

work. Twenty one percent favor conducting the program the first day the new employee starts work and 2.4% agree to conduct the program after the new employee starts work. Among those who favor conducting the program before the new employee starts work are all the administrators, eight of the training directors, five of the nursing directors, four of the chiefs of professional services, five of the assistant administrators, and three of personnel directors.

Content of Hospital-Wide Orientation Program

The proposed content for the hospital-wide orientation program and the perceptions of the respondents toward each element of the content are presented below.

Item #31a. HOSPITAL HISTORY

Table 4-6 indicates that 85.7% of the total respondents favor giving the participant of the program a brief on the hospital's history, 9.5% disagree and 4.8% were undecided. Among those who were in favor are all the nursing directors, all the personnel directors, six administrators, six training directors, and five chiefs of professional services.

Item #31b. HOSPITAL'S GOALS

Table 4-6 indicates that all the respondents favor giving the participants of the program a brief on the hospital's goals as a part of the program's content.

Item #31c. HOSPITAL'S PHILOSOPHY

Table 4-6 indicates that 92.9% of the total respondents favor giving the participants of the program a brief on the

hospital's philosophy. Among those who were in favor are all the administrators, all the chiefs of professional services, all the nursing directors, all the personnel directors, seven of the training directors, and six of the assistant administrators. The table also indicates that 2.4% of the total respondents were opposed and 4.8% were undecided.

Item #32a. THE HOSPITAL ORGANIZATIONAL CHART

Table 4-6 indicates that all the respondents except one training director favor providing the participants of the program with information related to the hospital's organizational chart.

Item #32b. HOSPITAL DEPARTMENTAL COMMUNICATION

Table 4-6 indicates that all the respondents favor briefing the participants of the program on information related to the hospital department communication.

Item #32c. FACILITY - MAP OF HOSPITAL

Table 4-6 indicates that 90.5% of the total respondents favor talking to the participants of the program about the facility and the map of the hospital. Those who were in favor are all the chiefs of professional services, all the nursing directors, all the personnel directors, seven of the assistant hospital administrators, seven of the training directors, and five hospital administrators. The table indicates also that 7.1% of the total respondents were opposed to item 32c and 2.4% were undecided.

Item #33a. PERSONNEL RELATED INFORMATION (PAYROLL, BENEFITS, VACATION)

Table 4-6 indicates that all the respondents favor the idea of giving the participants detailed information about the personnel functions which may include payroll, benefits, vacation, promotions, absences and illness.

Item #33b. POLICIES AND PROCEDURES OF PERSONNEL DEPARTMENT

Table 4-6 indicates that all the respondents except one assistant administrator favor the idea of explaining the policies and procedures of the personnel department to the participants of the program.

Item #34a. HOSPITAL POLICIES ON VISITING HOURS

Table 4-6 indicates that 95.2% of the total respondents favor giving the participants information about the hospital policies on visiting hours. The table indicates also just one chief of professional services opposed with item 34a and another one who was undecided.

Item #34b. HOSPITAL POLICIES ON TIME CLOCKS

Table 4-6 indicates that 90.2% of the total respondents favor giving the program's participants information related to the hospital policies on time clocks. Those who were in favor are all administrators, all the assistant hospital administration, all nursing directors, all personnel directors, five chiefs of professional services and five training directors. The table indicates also that 2.4% of the total respondents disagree and 7.3% were undecided.

Item #34c. HOSPITAL POLICIES ON THE CAFETERIA

Table 4-6 indicates that all the respondents favor providing the participants of the program with information related to the hospital policies concerning the cafeteria, except one training director who was opposed and one chief of professional services who was undecided.

Item #34d. HOSPITAL POLICIES ON DRESS CODE

Table 4-6 indicates that all the respondents favor providing the participants of the program with information related to the hospital policies on dress code, except one training director who was opposed and one chief of professional services who was undecided.

Item #34e. HOSPITAL POLICIES ON PARKING

Table 4-6 indicates that 92.9% of the total respondents favor giving the program's participants information related to the hospital policies on parking. Among those who were in favor are all the administrators, all the assistant administrators, all the nursing directors, seven training directors, five chiefs of professional services, and five personnel directors. The table indicates also that there is one personnel director who was opposed and one chief of professional services and one training director who were undecided.

Item #35. EMPLOYEE HEALTH POLICY AND PROCEDURE

Table 4-6 indicates that all the respondents favor giving the participants information on the policy and procedure of employee health except two training directors; one was opposed and one was undecided.

Item #36. SAFETY PROGRAMS (FIRE PREVENTION AND DISASTER PLAN)

Table 4-6 indicates that all the respondents favor giving the participants information about the safety programs except one training director who was undecided.

Item #37a. INFORMATION RESOURCES - POLICY MANUALS

Table 4-6 indicates that 88.4% of the total respondents favor providing the participants with information related to policy manuals as an information resource for the employees. Among those who were in favor are all the administrators, all the assistant administrators, all the nursing directors, all the personnel directors, five chiefs of professional services, and five training directors. The table also indicates that 4.7% of the total respondents were opposed and 7.0% were undecided.

Item #37b. INFORMATION RESOURCES - LIBRARY

Table 4-6 indicates that all the respondents favor providing the participants with information about the library except one chief of professional services who was opposed to item 37b.

Item #38a. EMPLOYEE RESPONSIBILITIES - INCIDENT REPORTS

Table 4-6 indicates that all the respondents favor providing the participants with information about the employee responsibilities on incident reports.

Item #38b. EMPLOYEE RESPONSIBILITIES - PATIENT CARE

Table 4-6 indicates that all the respondents favor providing the program participants with information related to employee responsibilities on patient care, except one training director who opposed item 38b.

Item #38c. EMPLOYEE RESPONSIBILITIES - PROFESSIONAL LIABILITY

Table 4-6 indicates that all the respondents favor providing the program participants with information on the employee's professional liability, except one training director who was opposed to item 38c.

Item #39. TOUR OF THE HOSPITAL

Table 4-6 indicates that all the respondents favor taking the new employees on a tour to show them the hospital facilities, except one training director who was opposed to item 39.

Department Orientation Program

Item #40. ACCORDING TO JCAH STANDARDS, EVERY NEW EMPLOYEE IS SUPPOSED TO BE INTRODUCED TO THE RULES AND REGULATIONS OF THE DEPARTMENT AND PROVIDED WITH THE NEEDED TRAINING SKILLS. IN ORDER TO INTRODUCE THE NEW EMPLOYEE TO THE DEPARTMENT, THE BEST TIME TO CONDUCT SUCH A PROGRAM IS: A) RIGHT AFTER THE HOSPITAL-WIDE ORIENTATION PROGRAM, WHEN THE EMPLOYEE STARTS HIS/HER WORK FOR THE DEPARTMENT, B) ANY TIME DURING THE PROBATION PERIOD (3 MONTHS), C) AFTER THE PROBATION PERIOD.

Table 4-7 indicates that 85.7% of the respondents favor conducting the department orientation program right after the hospital-wide orientation program. Among those who were in favor are all the administrators, all the chiefs of professional services, seven training directors, six assistant administrators, six nursing directors, four personnel directors. The table indicates also that 14.3% of the total respondents favor conducting the program during the probation period.

Content of the Department Orientation Program

The proposed content for the department orientation program and the perception of the respondents toward each element of the content are presented below.

Item #41. DEPARTMENT ORGANIZATIONAL CHART

Table 4-7 indicates that all of the respondents favor briefing the program participants on the department organizational chart, except one chief of professional services who was undecided.

Item #42. NATURE OF DUTIES AND JOB DESCRIPTION

Table 4-7 indicates that all the respondents favor giving the new employee his or her job description and to explain the nature of his or her duties during the program.

Item #43. THE ROLE OR THE FUNCTION OF THE DEPARTMENT

Table 4-7 indicates that all of the respondents favor talking to the new employee about the role or the function of the department except one chief of professional services who was opposed to item 43.

Table 4-7

**RESPONDENTS PERCEPTION BY FREQUENCY AND PERCENTAGE ON ITEMS
RELATED TO THE PROPOSED DEPARTMENTAL ORIENTATION PROGRAM**

Item Description	Admin			Asst't			Chief of Program			Nursing Director			Personal Director			Training Director			Total		
	f	%		f	%		f	%		f	%		f	%		f	%		f	%	STD
Item 40 - Time of Departmental Orientation Program B - During probation period	RC	7	100.00	6	75.00	6	100.00	6	85.70	6	85.70	4	80.00	7	77.80	36	85.70	1.14	36	85.70	0.354
	RC	-	-	2	25.00	-	-	1	14.30	1	14.30	1	20.00	2	22.00	6	14.30		6	14.30	
Item 41 - Department organization Chart	UN	-	-	-	-	1	16.70	-	-	-	-	-	-	-	-	1	2.30	2.97	1	2.30	0.152
	RC	7	100.00	6	100.00	5	83.30	7	100.00	7	100.00	6	100.00	9	100.00	42	97.70		42	97.70	
	RC	7	100.00	6	100.00	6	100.00	7	100.00	7	100.00	6	100.00	9	100.00	43	100.00	3.00	43	100.00	0.000
Item 43 - The role of function of dept.	UN	-	-	-	-	1	16.70	-	-	-	-	-	-	-	-	1	2.30	2.97	1	2.30	0.152
	RC	7	100.00	6	100.00	5	83.30	7	100.00	7	100.00	6	100.00	9	100.00	42	97.70		42	97.70	
Item 44 - Dept. policies and rules	RC	7	100.00	6	100.00	6	100.00	7	100.00	7	100.00	6	100.00	9	100.00	43	100.00	3.00	43	100.00	0.000
	UN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2.30	2.97	1	2.30	0.152
	RC	7	100.00	6	100.00	6	100.00	7	100.00	7	100.00	5	83.30	9	100.00	42	97.70		42	97.70	
Item 45 - Dept colleagues and their function	UN	-	-	-	-	1	16.70	-	-	-	-	-	-	-	-	3	7.00	2.93	3	7.00	0.258
	RC	7	100.00	6	100.00	5	83.30	7	100.00	7	100.00	6	100.00	7	77.80	40	93.00		40	93.00	
Item 46 - Work Area, equip. and supplies	UN	-	-	-	-	1	16.70	-	-	-	-	-	-	-	-	2	100.00	2.93	2	100.00	0.213
	RC	7	100.00	6	100.00	5	83.30	7	100.00	7	100.00	6	100.00	8	88.90	41	95.30		41	95.30	
Item 47 - Opportunities for Skill Development	UN	-	-	-	-	1	16.70	-	-	-	-	-	-	-	-	1	11.10	2.93	1	11.10	0.213
	RC	7	100.00	6	100.00	5	83.30	7	100.00	7	100.00	6	100.00	9	100.00	43	100.00	3.00	43	100.00	0.000
Item 48 - Performance Expectations	UN	-	-	-	-	1	16.70	-	-	-	-	-	-	-	-	4	9.30	2.90	4	9.30	0.294
	RC	7	100.00	6	100.00	5	83.30	7	100.00	6	85.70	5	83.30	8	88.90	39	90.70		39	90.70	
Item 49 - Career Advancement	UN	-	-	-	-	1	12.65	-	-	1	14.30	1	16.70	1	11.10	4	9.30	2.90	4	9.30	0.294
	RC	7	100.00	7	87.65	6	100.00	6	85.70	6	85.70	5	83.30	8	88.90	39	90.70		39	90.70	
Item 49 - Available education Programs	UN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	11.10	2.95	1	11.10	0.213
	RC	7	100.00	6	100.00	6	100.00	7	100.00	7	100.00	6	100.00	8	88.90	41	95.30		41	95.30	

Item #44. DEPARTMENTAL POLICIES AND RULES

Table 4-7 indicates that all the respondents favor talking to the new employee about the department policies and rules.

Item #45. DEPARTMENT COLLEAGUES AND THEIR FUNCTION

Table 4-7 indicates that all the respondents favor talking to the new employee about their department colleagues and their function except one personnel director who was opposed to item 45.

Item #46. WORK AREA - EQUIPMENT AND SUPPLIES

Table 4-7 indicates that 93% of the total respondents favor providing the new employee with information related to the work area, the equipment and the department's supplies. Among those who were in favor are all the administrators, all the assistant administrators, all the nursing directors, all the personnel directors, seven training directors, and five chiefs of professional services. The table also indicates that 7% of the total respondents were undecided.

Item #47. OPPORTUNITIES FOR DEVELOPMENT OF JOB SKILLS

Table 4-7 indicates that 95.3% of the total respondents favor that the new employee should be informed of the opportunities for development of job skills. Among those who were in favor are all the administrators, all the assistant administrators, all the nursing directors, all the personnel directors, eight training directors and five chiefs of professional services. The table indicates also that one chief of professional services and one training director were undecided.

Item #48. PERFORMANCE EXPECTATIONS

Table 4-7 indicates that all the respondents are in favor that the new employee should be aware of the performance expectations.

Item #49. CAREER ADVANCEMENT

Table 4-7 indicates that 90.7% of the total respondents favor giving a brief on career advancement to the new employee. Those who favor include all the administrators, all the chiefs of professional services, eight training directors, seven assistant administrators, six nursing directors, and five personnel directors. The table also indicates that 9.3% of the total respondents were undecided.

Item #50. AVAILABLE EDUCATION PROGRAMS

Table 4-7 indicates that all the respondents favor providing the participant of the program with information related to the available education programs, except one personnel director and one training director who were undecided.

MSD Orientation Program

Item #51. ELIGIBILITY: WHO SHOULD BE ELIGIBLE FOR THIS PROGRAM? A) THE MSD SAUDI COLLEGE GRADUATE ONLY; B) THE MSD SAUDI NON-COLLEGE GRADUATE BUT OCCUPYING OR PROMOTED TO SUPERVISORY POSITION; C) THE SAUDI LOCAL HIRE OCCUPYING OR PROMOTED TO A SUPERVISORY POSITION; OR D) ALL OF THEM.

Table 8 indicates that 83.3% of the total respondents favor the idea that all the Saudis should be eligible for this program. Among those who were in favor are all the

assistant administrators, all the nursing directors, all the personnel directors, seven training directors, four administrators, and four chiefs of professional services. The table indicates also that 11.9% of the total respondents believe that the MSD college graduate should only be eligible for the program and 4.8% only believe that MSD - non college graduate only should be eligible for the program.

Item #52. LOCATION: THIS PROGRAM SHOULD BE HELD AT:
A) MSD HEADQUARTERS; B) DHAHRAN MEDICAL ACADEMY; C) IN A ROTATING BASE (EVERY TIME IN ONE OF THE LOCAL HOSPITALS).

Table 4-8 indicates that 54.8% of the total respondents favor holding the program in a rotating base, those who were in favor are seven training directors, six assistant administrators, four personnel directors, three nursing directors, two administrators, and one chief of professional services. The table indicates also that 33.3% of the total respondents agree to hold the program at MSD headquarters, those are four administrators, four chief of professional services, three nursing directors, two training directors, and one assistant administrator. Eleven percent favor holding the program at Dhahran Medical Academy.

Item #53. THE DURATION. THIS PROGRAM SHOULD BE OFFERED: A) EVERY TWO OR THREE MONTHS; B) TWICE A YEAR; C) ONCE A YEAR; OR D) AS NEEDED.

Table 4-8 indicates that 64.3% of the total respondents believe that the program should be held as needed. Among

Table 4-3
RESPONDENTS PERCEPTION BY FREQUENCY AND PERCENTAGE ON ITEMS
RELATED TO THE PROPOSED MSD ORIENTATION PROGRAM

Item Description		Admin		Asst't		Chief of Program		Nursing Director		Personnel Director		Training Director		Total	f	%	Mean	STD
		f	%	f	%	f	%	f	%	f	%	f	%					
Item 51 - Eligibility	51 A - The MSD College Grad	RC	2	28.60	-	-	2	33.30	-	-	-	-	1	11.10	5	11.90	3.54	1.040
	51 B - The MSD Non-College Grad	RC	1	14.30	-	-	-	-	-	-	-	-	1	11.10	2	4.60		
	51 C - All of them	RC	4	57.10	8	100.00	4	66.70	7	100.00	5	100.00	7	77.60	35	83.30		
Item 52 - Location of the Program	52 A - MSD Headquarters	RC	4	57.10	1	12.50	4	66.70	3	42.90	-	-	2	22.20	14	33.30	2.21	9.250
	52 B - Medical Academy	RC	1	14.30	1	12.50	1	16.70	1	14.30	1	20.00	-	-	5	11.90		
	52 C - In a rotating basis	RC	2	28.60	6	75.00	1	16.70	3	42.90	4	80.00	7	77.60	23	54.80		
Item 53 - The duration	53 A - Every 2-3 months	RC	1	14.30	-	-	2	33.30	-	-	1	20.00	1	11.10	5	11.90	3.26	1.100
	53 B - Twice a year	RC	1	14.30	2	25.00	1	16.70	-	-	-	-	2	22.20	6	14.30		
	53 C - Once a year	RC	-	-	4	50.00	3	50.00	7	100.00	3	60.00	5	55.60	27	64.30	3.00	0.000
Item 54 - Staff Content of the MSD Orient.	54 D - As needed	RC	5	71.40	4	50.00	-	-	-	-	-	-	1	12.50	2	4.60	2.70	0.520
	54 A - Historical background	UN	1	14.30	1	12.50	1	16.70	1	14.30	1	16.70	-	-	5	11.90		
	54 B - Ministry of health	RC	6	85.70	7	87.50	4	66.70	6	85.70	5	83.30	7	87.70	35	83.30		
54 B - Other health service providers	NFC	1	14.30	-	-	1	16.70	-	-	-	-	1	14.30	3	7.30	2.70	0.602	
	UN	1	14.30	1	12.50	1	16.70	1	14.30	1	16.70	1	14.30	6	14.60			
	RC	5	71.40	7	87.50	4	66.70	6	85.70	5	83.30	5	71.40	32	78.00	2.88	0.453	
54 C - MSD	UN	2	28.60	-	-	-	-	-	-	-	-	-	-	2	4.60			
	RC	3	37.50	6	75.00	3	50.00	6	100.00	6	85.70	5	100.00	39	92.90			
	UN	5	71.40	8	100.00	-	-	-	-	-	-	-	-	3	7.10	2.70	0.598	
55 A - MSD Organization	NFC	1	14.30	-	-	2	33.30	1	14.30	-	-	-	-	6	14.30			
	UN	-	-	3	37.50	6	87.50	3	50.00	5	83.30	8	100.00	33	78.60			
	RC	6	85.70	6	82.60	3	50.00	6	100.00	6	85.70	5	83.30	37	88.10	0.328	0.328	
55 B - Philosophy	UN	-	-	2	25.00	-	-	-	-	1	14.30	-	-	5	11.90	2.88		
	RC	7	100.00	6	75.00	6	100.00	6	100.00	6	85.70	4	66.70	37	88.10			
	UN	-	-	2	25.00	-	-	-	-	1	14.30	-	-	4	9.30	2.90	0.284	
55 C - Purpose and goals	UN	-	-	2	25.00	-	-	-	-	1	14.30	-	-	9	100.00			
	RC	7	100.00	6	75.00	6	100.00	6	100.00	6	85.70	5	83.30	39	90.70			
	UN	-	-	1	12.50	1	16.70	1	14.30	-	-	-	-	5	11.90	2.66	0.687	
Item 56 - MSD facilities	56 A - Location	NFC	2	28.60	1	12.50	2	33.30	-	-	-	-	1	12.50	4	9.50		
	UN	3	37.50	6	75.00	3	50.00	6	100.00	6	85.70	7	87.50	33	78.00			
	RC	2	28.60	1	12.50	1	16.70	1	14.30	1	16.70	-	-	3	7.10	2.89	0.680	
Item 56 B - Capacity	NFC	2	28.60	1	12.50	1	16.70	-	-	-	-	1	12.50	4	9.50			
	UN	-	-	1	12.50	1	16.70	-	-	-	-	-	-	3	7.10			
	RC	5	71.40	6	75.00	4	66.70	7	100.00	6	85.70	7	87.50	34	81.00			

Table 4-8 cont.

**RESPONDENTS PERCEPTION BY FREQUENCY AND PERCENTAGE ON ITEMS
RELATED TO THE PROPOSED MSD ORIENTATION PROGRAM**

Item Description	Admin		Ass't		Chief of Program		Nursing Director		Personnel Director		Training Director		Total		Mean	STD
	f	%	f	%	f	%	f	%	f	%	f	%	f	%		
Item 56 C - Relationship	NFC	1	14.30	1	12.50	-	-	-	-	-	-	-	2	4.80	2.85	0.472
	UN	-	-	1	12.50	-	-	1	14.30	-	-	-	2	4.80		
	FC	6	85.70	6	75.00	6	100.00	6	85.70	6	100.00	8	38	90.50		
Item 57 Personnel (payroll, vacation, etc.)	NFC	-	-	-	-	-	-	-	-	-	-	-	1	2.30	2.90	3.660
	UN	-	-	-	-	-	-	1	14.30	-	-	1	2	4.70		
	FC	7	100.00	8	100.00	6	100.00	6	85.70	6	100.00	7	40	93.00		
Item 58 A - Available Train. Programs in country	FC	7	100.00	8	100.00	5	100.00	7	100.00	6	100.00	9	42	100.00	3.00	0.000
	NR	-	-	-	-	1	20.00	-	-	-	-	1	2	5.00	2.90	0.441
Item 58 B Out-country	FC	7	100.00	8	100.00	4	80.00	6	100.00	7	87.50	7	38	95.00		

those are all the nursing directors, five administrators, five training directors, four assistant administrators, five training directors, four assistant administrators, three chiefs of professional services, and three personnel directors. The table indicates also that 14.3% of the total respondents believe that the program should be held twice a year, 11.9% every two to three months and 9.5% once a year.

Content of the MSD Orientation Program

The proposed content for the MSD orientation program and the perception of the respondents toward each element of the content are presented below.

Item #54a. HISTORICAL BACKGROUND - MINISTRY OF HEALTH

Table 4-8 indicates that 83.3% of the total respondents favor giving the participants a brief on the historical background of the health ministry. Those who were in favor are seven training directors, seven assistant administrators, six administrators, six nursing directors, five personnel directors, four chief of professional services. The table indicates also that 11.9% were undecided and 4.8% opposed with item 54.

Item #54b. HISTORICAL BACKGROUND - OTHER HEALTH SERVICES PROVIDERS

Table 4-8 indicates that 78% of the total respondents favor giving the participants a brief on the historical background of other health services providers. Those who were in favor are seven assistant administrators, six nursing directors, five administrators, five personnel

directors, five training directors, and four chiefs of professional services. The table indicates also that 7.3% of the total respondents disagree and 14.6% were undecided.

Item #54c. HISTORICAL BACKGROUND OF MSD

Table 4-8 indicates that 92.9% of the total respondents favor giving the participants a brief on the MSD historical background. Those who were in favor are all the administrators, all the chiefs of professional services, all the personnel directors, all the training directors, six nursing directors, and five administrators. The table indicates also that two administrators oppose and one nursing director was undecided.

Item #55a. MSD ORGANIZATIONAL CHART

Table 4-8 indicates that 78.6% of the total respondents favor talking to the participants of the program about the MSD organizational chart. Those who were in favor are all the training directors, six administrators, six assistant administrators, six nursing directors, five personnel directors, and three chiefs of professional services. The table indicates also that 7.1% disagree and 14.6 were undecided.

Item #55b. MSD PHILOSOPHY

Table 4-8 indicates that 88.1% of the total respondents believe that the participants should be told about the MSD philosophy. Those respondents are all the administrators, all the chiefs of professional services, all the training directors, six assistant administrators, six nursing

directors, and four personnel directors. The table also indicates that 11.9% of the total respondents were undecided.

Item #55c. MSD PURPOSE AND GOALS

Table 4-8 indicates that 90.7% of the total respondents believe that the participants should be told about the MSD purpose and goals. Those respondents are all the administrators, all the chiefs of professional services, all the training directors, six assistant administrators, six nursing directors, and five personnel directors.

Item #56a. THE LOCATION OF MSD FACILITIES

Table 4-8 indicates that 78.6% of the total respondents believe that the participants should be told about the location of MSD facilities, those respondents are all the personnel directors, seven training directors, six assistant administrators, six nursing directors and five administrators. The table indicates also that 11.9% of the total respondents disapprove and 9.5% were undecided.

Item #56b. THE CAPACITY OF MSD FACILITIES

Table 4-8 indicates that 81% of the total respondents believe that the participants of the program should be told about the capacity of MSD facilities. Those respondents are all the personnel directors, seven training directors, six assistant administrators, six nursing directors, five administrators, and four chiefs of professional services. The table also indicates that 11.9% of the total respondents disapproved and 7.1% were undecided.

Item #56c. RELATIONSHIP BETWEEN MSD HOSPITALS

Table 4-8 indicates that 90.5% of the total respondents believe that the participants of the program should know how the MSD hospitals communicate with each other. Those respondents are all the chiefs of professional services, all the personnel directors, all the training directors, six administrators, six assistant administrators, and six nursing directors. The table also indicates that 4.8% of the total respondents disapprove and 4.8% were undecided.

Item #57. MSD PERSONNEL FUNCTION (PAYROLL, VACATION, ETC.)

Table 4-8 indicates that 93% of the total respondents favor providing the participants of the program with information related to the MSD personnel function (payroll, vacation, etc.). Those are all the administrators, all the assistant administrators, all the chiefs of professional services, all the personnel directors, seven training directors, and six nursing directors. The table indicates also that one training director disapproves, and one nursing and one training director were undecided.

Item #58a. THE AVAILABLE TRAINING PROGRAM IN-COUNTRY

Table 4-8 indicates that all the respondents favor providing the participants of the program with information about the available training programs out-country, except one chief of professional services and one training director who disapproved with item 58b.

Section 4

The proposed model for the training and continuing education programs and the perception of the respondents are presented in this section.

Item #59. FIRST MODEL: INDIVIDUALIZED TRAINING AND CONTINUING EDUCATION PROGRAMS TO MEET THE NEEDS OF A PARTICULAR EMPLOYEE WITHIN THE DEPARTMENT.

Table 4-9 indicates that 83.7% of the total respondents favor the proposed individualized training and continuing education programs model. Those are all the administrators, all the chiefs of professional services, all the nursing directors, seven training directors, five assistant administrators, and four personnel directors. The table indicates also that 7% of the total respondents disfavor and 9.3% were undecided.

Item #60. SECOND MODEL: DEPARTMENTAL TRAINING AND CONTINUING EDUCATION PROGRAMS THE NEEDS OF A PARTICULAR DEPARTMENT AND ITS EMPLOYEES.

Table 4-9 indicates that 93% of the total respondents favor the proposed departmental training and continuing education model. Those are all the administrators, all the nursing directors, all the training directors, seven assistant administrators, five chiefs of professional services, and five personnel directors. The table indicates also that 7% of the total respondents were undecided.

Item #61. THIRD MODEL: A HOSPITAL-WIDE TRAINING AND CONTINUING EDUCATION PROGRAMS (PARTICIPANTS ARE FROM MANY DEPARTMENTS)

Table 4-9 **RESPONDENTS PERCEPTION BY FREQUENCY AND PERCENTAGE ON PROPOSED MODELS FOR TRAINING AND CONTINUING EDUCATIONAL PROGRAMS**

Item Description	Admin		Asst't		Chief of Program		Nursing Director		Personnel Director		Training Director		Total		Mean	STD	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%			
Item 59 - Individualized Training and Cont. Ed. programs model	NFC	-	-	-	-	-	-	-	1	16.70	2	22.20	3	7.00	2.76	0.571	
	UN	-	-	3	37.50	-	-	-	1	16.70	-	-	4	9.30			
	RC	7	100.00	5	62.50	6	100.00	7	100.00	4	66.70	7	77.80	36	83.70		
Item 60 - Departmental Training and Cont. Ed. programs model	UN	-	-	1	12.50	1	16.70	-	-	1	16.70	-	-	3	7.00	2.90	0.258
	RC	7	100.00	7	87.50	5	83.30	7	100.00	5	83.30	9	100.00	40	93.00		
Item 61 - Hospital-wide Training and Cont. Ed. programs model	RC	7	100.00	6	100.00	6	100.00	7	100.00	6	100.00	9	100.00	43	100.00	3.00	0.000
	NR	-	-	-	-	-	-	1	14.30	-	-	-	-	1	2.30	2.95	0.305
Item 62 - Shared Training and Cont. Ed. programs model	RC	7	100.00	6	100.00	6	100.00	6	85.70	6	100.00	9	100.00	42	97.70		

Table 4-9 indicates that all the respondents favor the proposed hospital-wide training and continuing education model.

Item #62. FOURTH MODEL: A TRAINING AND CONTINUING EDUCATION PROGRAM SHARED BY THE ARMED FORCES HOSPITALS.

Table 4-9 indicates that all participants favor the proposed training and continuing education programs shared by the Armed Forces hospitals except one nursing director who disfavor item 62.

Section 5

The perception of the respondents on a proposed recommendation to the staff development educators are presented below.

Item #63. THE TRAINING AND CONTINUING EDUCATION PROGRAMS SHOULD BE PLANNED AHEAD AND PUBLICALLY ANNOUNCED AMONG THE HOSPITAL EMPLOYEES.

Table 4-10 indicates that all the respondents favor the training and continuing education programs be planned ahead and publically announced among the hospital employees, except one personnel director who disapproved and one administrator who was undecided.

Item #64. THE TRAINING AND EDUCATION DEPARTMENT SHOULD HAVE CONTROL OVER TRAINING AND EDUCATION ACTIVITIES INCLUDING MEDICAL EDUCATION.

Table 4-10 indicates that 62.8% of the total respondents favor the training and education department having control over all training and education activities

Table 4-10 **RESPONDENTS PERCEPTION BY FREQUENCY AND PERCENTAGE ON A SET OF RECOMMENDATIONS TO THE TRAINERS AND EDUCATORS**

Item Description		Admin		Ass't		Chief of Program		Nursing Director		Personnel Director		Training Director		Total				
		I	%	I	%	I	%	I	%	I	%	I	%	I	%	Mean	STD	
Item 63 - Training and Cont. Ed. Programs should be planned ahead	DA	-	-	-	-	-	-	-	-	1	16.70	-	-	-	1	2.30	2.93	0.338
	UN	1	14.30	-	-	-	-	-	-	-	-	-	-	-	1	2.30	-	-
	AG	6	85.70	8	100.00	6	100.00	7	100.00	5	83.30	9	100.00	41	95.30	-	-	
Item 64 - Training Dept. Control all the Training activities	DA	2	28.60	1	12.50	1	16.70	4	57.10	1	16.70	1	11.10	10	23.30	2.39	0.849	
	UN	2	28.60	-	-	3	50.00	-	-	1	16.70	-	-	6	14.00	-	-	
	RC	3	42.90	7	87.50	2	33.30	3	42.90	4	66.70	8	88.90	27	62.80	-	-	
Item 65 - Participating in Training is condition for merit increase (as educator)	DA	1	14.30	2	25.00	-	-	-	-	1	16.70	1	11.10	5	11.60	2.62	0.691	
	UN	-	-	2	25.00	1	16.70	-	-	2	33.30	1	11.10	6	14.00	-	-	
	AG	6	85.70	4	50.00	5	83.30	7	100.00	3	50.00	7	77.80	32	74.40	-	-	
Item 66 - Participating in Training is condition for merit increase (as participant)	DA	1	14.30	-	-	-	-	1	14.30	-	-	2	22.20	4	9.30	2.79	0.600	
	UN	-	-	1	12.50	-	-	-	-	-	-	-	-	1	2.30	-	-	
	AG	6	85.70	7	87.50	6	100.00	6	85.70	6	100.00	7	77.80	38	88.40	-	-	
Item 67 - The importance of the top Management support for Training Activities	UN	1	14.30	-	100.00	1	16.70	-	-	-	-	-	-	2	4.70	2.95	0.213	
	AG	6	85.70	8	100.00	5	83.30	7	100.00	6	100.00	9	100.00	41	95.30	-	-	

including medical education, 23.3% disapprove and 14% were undecided. Those who favor it include eight training directors, seven assistant administrators, four personnel directors, three administrators, three nursing directors, and two chiefs of professional services. Those who disapprove are four personnel directors, two administrators, one assistant administrators, one chief of professional services, one personnel director, and one training director.

Item #65. PARTICIPATING IN TRAINING AND EDUCATION PROGRAMS IS A CONDITION FOR PROMOTION AND MERIT INCREASE (AS TRAINER OR EDUCATOR IF APPLICABLE)

Table 4-10 indicates that 74.4% of the total respondents favor having participating of the employee as a trainer or educator (if applicable) in the training and education programs is a condition for promotion and merit increase, 23.3% disapprove and 14% were undecided. Those who favor are all the nursing directors, seven training directors, six administrators, five chiefs of professional services, four assistant administrators, and three personnel directors.

Item #66. PARTICIPATING IN TRAINING AND EDUCATION PROGRAMS SHOULD BE A CONDITION FOR PROMOTION OR MERIT INCREASE (AS A PARTICIPANT).

Table 4-10 indicates that 88.4% of the total respondents favor employee participation as a trainee or participant in the training and education programs as a condition for promotion or merit increase, 9.3% disapprove

and 2.3% were undecided. Those who are in favor are all the chiefs of professional services, all personnel directors, seven assistant administrators, seven training directors, six administrators, and six nursing directors.

Item #67. SUPPORT AND COMMITMENT OF THE TOP MANAGEMENT IS IMPORTANT FOR THE TRAINING AND EDUCATION ACTIVITIES.

Table 4-10 indicates that all the respondents favor the importance of the support and the commitment of the top management for the training and education activities, except one administrator and one chief of professional services were undecided.

Summary

Chapter IV has presented an analysis of the perception of the key position managers at the Armed Forces Hospitals on the proposed guideline for the staff development programs.

Chapter V will present a summary of the study, review of findings, conclusions, discussions and recommendations.

Chapter V

Summary, Conclusions, Discussion, and Recommendations

Chapter V consists of three sections. The first section consists of a summary of the purpose and procedures of the study and the research questions. The second section consists of a review of findings, conclusions, and discussion. The last section contains recommendations for both practice and further research.

Section 1

Summary of Purpose and Procedures of Study

The purpose of this study was 1) to explore, investigate and compare the perceptions of the key position managers at the Armed Forces Hospitals on a proposed set of guidelines for staff development programs based on an instrument which was generated from review of literature, standards of the Joint Commission on Accreditation of Healthcare Organizations, and the publication of the American Hospital Association and 2) to make recommendations to the trainers, educators, and the administrators of the Armed Forces Hospitals as well as the decision makers at MSD headquarters based on the study findings.

The population of this study was comprised of the hospital administrator, assistant hospital administrator,

the chief of professional staff, nursing director, the personnel director and the training director in a seven Armed Forces Hospitals located in six major cities in Saudi Arabia.

A questionnaire and interview techniques were used to gather the data for this study. The data generated were presented in a way to show how all respondents collectively and by sub-groups responded to the questionnaire items.

Research Questions

The following specific research questions were formulated to guide the present study.

- 1) Who should be responsible for planning and carrying out the training and educational activities?
- 2) Who should get the training and what are the most effective ways to assess their needs for such training?
- 3) What are the most effective model(s) for training and continuing education programs?
- 4) What are the most effective instruction methods for the various orientation programs?
- 5) What are the most appropriate locations, times, and content, and who is responsible for the orientation of the overseas employees?
- 6) What are the most appropriate times and content for the hospital-wide orientation programs?
- 7) What are the most appropriate times and content for the departmental orientation program?
- 8) Who is eligible and what are the most appropriate locations, times, and content for MSD orientation program?

Section 2

This section is divided into three parts: the first part presents findings and conclusions drawn from the responses of the respondents on items related to the demographic and personal data. The second part presents findings and conclusions drawn from the responses of the respondents on the rest of questionnaire items. The third part is a discussion of conclusions.

Findings from the Demographic and Personal Data

1 -- Almost 55.8% of the key position managers at the Armed Forces Hospitals are international employees.

2 -- Two thirds of the respondents had a Masters or a Ph.D degree, and almost all the respondents are college graduates except one who has a high school diploma.

3 -- More than one third of the respondents had experience in health care service institutions for more than fifteen years, and more than half of them had four years or more of experience in the Saudi Armed Forces Hospitals.

4 -- Four fifths of the key position managers are males, and the rest are females.

Conclusions

1 -- Based on the findings of the study, it may be concluded that the majority of the personnel in the Armed Forces Hospitals in Saudi Arabia are non-Saudis and that it will in all likelihood be many years before the hospitals become self-sufficient in terms of staff members.

2 -- Based on the findings of the study, it may be concluded that the key position managers at the Armed Forces Hospitals in Saudi Arabia are relatively well educated personnel.

3 -- Based on the findings of the study, it may be concluded that the key position managers at the Armed Forces Hospitals in Saudi Arabia have significant experience in hospital administration.

4 -- Based on the findings of the study, it may be concluded that the key administrative positions are limited to males.

Findings Drawn from the Responses of the Respondents on Questionnaire

1 -- The majority of the respondents (92.5%) believe that MSD should be responsible for developing the mission statement, the philosophy, the broad goals and objectives of training and educational activities, but at the same time to leave the door open for local hospitals to initiate their individual programs to meet their needs, on the condition that these programs match the MSD philosophy.

2 -- All the respondents believe in the importance of written goals and objectives in the process of developing any training or education program.

3 -- The majority of the respondents (81.0%) believe that stating the goals and objectives of the local individual programs at each hospital is the responsibility of the Training and Education Department's staff, with the

participation of the department heads under the direction of the top management.

4 -- The majority of the respondents (71.4%) believe that planning for programs is the responsibility of the Training and Education Department.

5 -- The majority of the respondents (88.4%) believe that identifying training needs is the responsibility of the Training and Education Department with the participation of the department head and the participants (employees).

6 -- The majority of respondents (73.8%) believe that preparing the program's materials is the responsibility of the Training and Education Department's staff.

7 -- The majority of respondents (70.0%) believe that nominating the participants for the training and education program is the responsibility of the department heads.

8 -- The majority of respondents (92.9%) believe that evaluating the program is the responsibility of the Training and Education Department, department heads, participants, top management, and sometimes a consultant(s).

9 -- The majority of respondents (95.3%) believe that the evaluation should be during and after the program.

10 -- All the respondents believe that the evaluation should include evaluating the instructor(s), the participants, the content, the instruction method(s) and the program environment.

11 -- In the process of identifying training needs, the majority of respondents agree with the four suggested

methods in the following order 1) conducting interviews (86.0%) 2) using document files (86.0%) 3) observation (81.4%) and 4) questionnaire survey (79.1%).

12 -- Nine instructional methods were suggested for the various staff development programs. The majority of the respondents believe that:

- 1) The lecture is the most appropriate method for orientation (69.0%).
- 2) The individual study (90.5%), brainstorming (85.7%), case method (76.2%), workshop (70.7%), and lecture (59.5%) are the appropriate methods for the continuing education programs.
- 3) The coaching (90.7%), simulation (87.8%), rotating (65.9%), role playing (61.0%), workshop (56.1%), and case method (54.8%) are the appropriate methods for inservice training.

13 -- The majority of respondents believe that the orientation of overseas employees should be conducted at the countries of their point of hire (61.5%) and at the local hospitals after their arrival (76.9%).

14 -- The majority of respondents believe that designing the orientation of the overseas employee should be the joint responsibilities of:

- 1) The recruiting companies.
- 2) Local hospitals.
- 3) The MSD headquarters.

15 -- The majority of respondents (75.6% - 100%) agree with the proposed content for the orientation of the overseas employees, which include a brief on:

- 1) The historical background of the kingdom, with its location, population, climate, natural resources, religion and rules and regulations.
- 2) The people of Saudi Arabia and their lifestyle, customs, traditions and habits.
- 3) The development of health care institutions in Saudi Arabia.
- 4) The travel arrangements.

16 -- The majority of respondents (76.2%) believe that the hospital-wide orientation program should take place before new employees start their work.

17 -- The majority of respondents (85.7% - 100%) agree with the proposed content for the hospital-wide orientation program which include a brief on:

- 1) History, goals and philosophy of the local hospital.
- 2) The structure and the organization of the local hospital.
- 3) The general hospital policy and procedures.
- 4) The employee responsibilities to the hospital and taking new employees on a tour inside of the hospital.

18 -- The majority of respondents (85.7%) believe that the departmental orientation program should be conducted right after the hospital wide orientation program.

19 -- The majority of respondents (90.75% - 100%) agree with the proposed content for the departmental orientation program, which includes information related to the following:

- 1) The department's organization structure, role, function, facilities and the department policy and procedures.

- 2) Nature of duties, job description, and the department colleagues with their function.
- 3) The opportunities for development of job skills, career advancement and mobility.

20 -- The majority of the respondents (83.3%) believe that:

- 1) All the Saudi MSD Military and Civilian employees as well as the Saudi local hire who are occupying or promoted to a supervisory position are eligible for MSD orientation program.
- 2) The MSD orientation program should be held periodically or as needed at MSD headquarters or in a rotating base at the local hospitals.

21 -- The majority of respondents (75.6% - 100%) agree with the proposed content for the MSD orientation program, which includes information related to the following:

- 1) The historical background of MSD and the other health agencies.
- 2) Philosophy, goals and organizational structure of MSD.
- 3) MSD hospitals and facilities with their capacities, policies, procedures, standards and regulations.

22 -- The majority of respondents agree with the following proposed Training and Education program models:

- 1) Individualized training and continuing education programs to meet the needs of a particular employee within the department (83.7%).
- 2) Departmental training and continuing education programs to meet the needs of the department employees (93.0%).
- 3) A hospital-wide training and continuing education program (100%).

- 4) A training and continuing education program shared by the Armed Forces Hospitals (97.7%).

23 -- The majority of respondents (95.3%) believe that the training and continuing education program should be planned ahead and publicly announced among the employees.

24 -- The majority of respondents (62.8%) believe that the Training and Education Department should control all training and educational activities including medical education.

25 -- The majority of respondents believe that participating in training and education programs is a condition for promotion or merit increase as trainer or educator (74.4%) (if applicable) or as a participant (88.4%).

26 -- The majority of respondents (95.3%) believe that the support and commitment of the top management is important for the training and education activities.

Conclusions

1 -- Based on the responses of the respondents it can be concluded that there were no significant differences in the perceptions of key position managers (sub-groups) at the main Armed Forces Hospitals in Saudi Arabia toward the proposed guideline for the staff development programs.

2 -- Based on the findings of the study it may be concluded that the respondents favor a comprehensive orientation model which consists of:

- a) An orientation program for the overseas employees to introduce them to the kingdom.

- b) A hospital-wide orientation program to introduce all the employees to local hospitals.
- c) A departmental orientation program to introduce every employee to his or her designated department.
- d) MSD orientation program to introduce the Saudi citizens to the Ministry of Defense's Medical Services Directorate with its facilities.

3 -- Based on the findings of the study, it may be concluded that the respondents favor a comprehensive training and continuing educational model which consists of:

- a) Individualized training and continuing educational programs to meet the needs of a particular employee within department.
- b) Department training and continuing educational programs to meet the needs of the department employees.
- c) A hospital-wide training and continuing educational programs shared by all the departments.
- d) A training and continuing educational programs shared by all the Armed Forces Hospitals.

4 -- Based on the findings of the study it may be concluded that the respondents favor a centralization of command

philosophy and decentralization through execution by the subdivided units.

5 -- Based on the findings of the study and the related literature, it can be concluded that the respondents prefer applying the interview and document files methods in the process of identifying training needs.

6 -- Based on responses of the respondents and the related literature, it can be concluded that choosing the instructional method for the various staff development programs is subject to the nature of the program.

7 -- Based on the findings of the study, it may be concluded that the respondents favor any orientation program which includes information related to the following three areas:

- 1) The organization or the unit as a whole.
- 2) The ground rules for working in the unit or the organization.
- 3) The advantages of working for the unit or the organization.

8 -- Based on the findings of the study it can be concluded that the respondents favor giving the people involved in the training or education activities the opportunity to participate on the process of planning, implementing and evaluating the training and continuing education programs.

Discussion

Two main points concerning the proposed staff development programs at the Armed Forces Hospitals in Saudi Arabia are discussed by this researcher based on conclusions drawn from findings, review of literature, interviews conducted with

the respondents, and the experience of the researcher. The two points are:

- 1) The centralization and the decentralization of authorities and activities of the proposed staff development programs.
- 2) The comprehensiveness of the proposed staff development programs.

1 -- Centralization and Decentralization

A large proportion, 92.5%, of the total group believed that it should be the responsibility of the MSD to set the mission statement, the philosophy, the broad goals and objectives of the training and education activities, but at the same time, to leave the door open for local hospitals to initiate their individual programs which meet their needs -- in condition that those local programs match the philosophy of the MSD. That was at the level of MSD organization. At the level of local hospitals, the majority of the respondents believed that the Training and Education Department should be in charge of planning and implementing or coordinating the training and education activities, but at the same time, to leave the door open for the participants, the heads of departments to participate in the process of identifying the training needs, stating the goals and objectives, and evaluating local programs. Therefore it was concluded that the respondents agree with applying a structure of training and education programs which combine both centralization and decentralization of the training activities.

During the visit of the researcher to the local hospitals, it appeared to him that there were variations in the type of training and education organization and those hospitals were using a variety of arrangements for their education and training functions. Most of the hospitals have a separate training department equal to other departments, but those departments don't have a control over the hospital's training and education activities. For example, in some of the local hospitals, a large department such as nursing service often insisted that they maintain control over and the responsibility for continuing education of the personnel affiliated with their departments. In other hospitals, their training and education may be organized through a subsection of medical education, or a subsection within the personnel departments. It also appeared to the researcher that there were variations in the type and degree of involvement of education staff with the training and education activities: in some hospitals, education department staff were expected to be concerned only with departmental requests for training programs while in others, a broader approach to training programs was required.

A training director at one of the Armed Forces Hospitals said, "organizing and implementing a comprehensive staff development model based on an organization approach (MSD) or hospital-wide approach (local hospitals) means that the top management at the level of the MSD and the level of

local hospitals must develop and maintain a consistent way of dealing with education and training needs throughout the system." During the researcher's conversation with the same director and other key position managers, they expressed their support for giving MSD a leading role in the process of developing the training and education activities at the local hospitals for many reasons which can be summarized as the following:

- 1) It may help for the continuity and the stability of the educational activities at the local hospitals because new private companies may take over every three or five years to operate the local hospitals.
- 2) To assure that the training and education activities are compatible with the goals and objectives of MSD, Ministry of Defense, as well as with the national five years development plans.
- 3) It may encourage MSD to be more committed to the educational activities.
- 4) It may improve the coordination of the training activities between the Armed Forces Hospitals.
- 5) It may help to standardize some the programs when appropriate for all the hospitals.

At the same time, if MSD gives the local hospitals enough room for managerial discretion at the level of developing programs that meet their needs, and when the Training and Education Department at the local hospitals allows the head of the department to participate in the process of developing and implementing the training and education programs, then some of the managers think that the benefits may be:

- 1) There will be a direct administrative control over the local programs.
- 2) The training function will respond directly to the local needs.
- 3) There will be faster implementation of the programs.
- 4) The heads of the departments at the local hospitals will feel more responsible for training their employees.

But it should be noted that giving the Training and Education Department at the local hospitals a full control over all the training and education activities stirred up a debate among the respondents. Although 62.8% of the total respondents favor it, 14.0% were undecided, and 23.3% disagreed with it. It can be said that most of them accept it under the following conditions:

- 1) Among the staff of Training and Education Department should be:
 - A -- A well qualified physician with some experience in medical education activities to coordinate all the medical education activities.
 - B -- A well qualified registered nurse to coordinate all the nursing educational activities.
 - C -- A well qualified person with some experience in the Allied Health Professionals education activities to coordinate all the technicians training and education programs.
- 2) All the individualized, and some of the departmental training and education programs can be under the supervision of the department head, and the role of the training and education department may be limited to offering consultative educational services, preparing program materials, or providing training facilities if needed. But at the same time, the Training and Education

Department would have a complete record of all the training and education activities in the hospital and the staff of the Training and Education Department should participate in the evaluation process of any program.

2 -- The Comprehensiveness of the Proposed Staff Development Programs

Four orientation programs and four training and continuing education models were proposed. The proposed orientation programs are:

- 1) An orientation of overseas employees to introduce the international employees to the Kingdom.
- 2) A hospital-wide orientation program to introduce all the employees to the local hospitals.
- 3) A departmental orientation program to introduce every employee to his or her designated department.
- 4) A MSD orientation program to introduce the Saudi citizens to the Ministry of Defense's Medical Services Directorate with its facilities.

And the proposed training models are:

- 1) An individualized training and continuing educational programs to meet the needs of a particular employee within the department.
- 2) A departmental training and continuing educational program to meet the needs of a particular department and its employees.
- 3) Hospital-wide training and continuing educational programs.
- 4) A training and continuing educational programs shared by the Armed Forces Hospitals.

Therefore it can be said that these four orientation programs and the four training and continuing education models will bring the comprehensiveness to the staff

development programs for many reasons: first, because the proposed orientation programs were designed to meet the needs of all the categories of the Armed Forces Hospitals' employees -- the international, the local, the Saudies, and the non-Saudies; second, because the proposed models for training and continuing education were designed to meet the educational needs of the individual hospital personnel, the departments, the local hospitals, as well as the MSD as a whole.

During his visit to MSD headquarters and local hospitals, the researcher found that the role of the Training and Educational Department at MSD headquarters in respect to the training activities at the local hospitals is limited to:

- 1) Coordinating the training activities of the Saudi paraprofessionals who graduated from the old medical training institutions and participating in some of the training programs offered by some of the local hospitals, although these technical programs don't meet the American Standards.
- 2) Coordinating the limited abroad and in-country training programs for MSD Saudi military and civilian personnel.

When one of the key persons in the Training and Educational Department at MSD headquarters was asked why his department isn't taking a leading role in the training activities at the local hospitals. The answers were: first, because there was no well defined policy and procedure by MSD headquarters to govern the role and the relationship of the department in regards to the training activities at the local hospitals;

second, because the Training and Education Department at MSD headquarters is suffering from a shortage of qualified personnel, and experts in different specialities of training and education. The same situation was found in some of the local hospitals.

At the local hospitals, there doesn't appear to be any consistency in the training programs, and identifying the training needs is left to the efforts of the training directors. In this regard, Al-Nifay (1981) stated that the determination of training needs was based on feelings and guess work because this was the easiest way to do it. He added that the people inside the hospital were too busy with day-to-day problems and had little time to spare for the study of training needs. Also, most of the training staff are non-Saudi Arabians hired to define expected training needs based on their personal experience.

The proposed staff development programs don't exist in any of the Armed Forces Hospitals. Even the orientation programs which are the ultimate need of the new employees are not offered in some the hospitals, except for the international employees -- and sometimes even then it is limited to the nursing staff only. This situation led one of the physicians at one of the Armed Forces Hospitals to say the proposed comprehensive staff development model isn't just worth trying, it must be implemented successfully.

Recommendations

The following recommendations based on the findings, conclusions, and discussions of this study are offered to

the MSD headquarters authorities and the top management at the Armed Forces Hospitals in Saudi Arabia.

- 1) The MSD should take a leading role in the training and educational activities, and the MSD is expected to define and develop the mission statement, the philosophy, and the broad goals and objectives of the training and educational activities at the Armed Forces Hospitals. Although, the MSD is expected to leave the door open for the local hospitals to initiate their individual programs to meet their local needs.
- 2) Supervisors, managers, and department heads, as well as the staff of the hospital, should:
 - A -- contribute in the development of the goals and objectives of the local training educational programs.
 - B -- participate in the process of identifying the training needs and evaluating the training and educational programs.
- 3) The staff development programs should be comprehensive and consist of three elements:
 - A -- orientation for all employee categories.
 - B -- inservice training
 - C -- continuing educational programs for all employees.
- 4) The content of any orientation program should include information related to the following three basic subjects:
 - A -- the organization or the unit as a whole
 - B -- the ground rules for working in the unit or organization.
 - C -- the advantages of working for the unit or the organization.
- 5) The Training and Education Department at the local hospital should have control over, or coordinate all the training and education activities.

- 6) The Training and Education Department at the local hospitals should have a complete record of all the training and education activities.
- 7) Among the staff of the Training and Education Department there should be:
 - A -- A qualified physician with some experience in medical education activities to coordinate all the medical education programs.
 - B -- A well qualified registered nurse with some experience in inservice education to coordinate all the nursing training and education activities.
 - C -- A well qualified person with some experience in the Allied Health Professionals education activities to coordinate all the technicians training and education programs.

Recommendation for Further Research

This study involved a comprehensive look at a description of the proposed guideline for the staff development programs based on opinions of the key position managers at the Armed Forces Hospitals in Saudi Arabia. The results from similar studies in other organizations or agencies (such as the National Guards, Ministry of Interior or Ministry of Health, etc.) might or might not be the same to test its generalizability. This study may be replicated at those organizations to find whether the opinions of the key position managers vary according to the nature and the structure of the organization, or other characteristics of settings in which they practice. The roles of the hospital health care professionals in the implementation of the staff development programs should be further investigated for both

theoretical and practical application. Examples of questions that need to be answered are:

- 1) Is it feasible in terms of present resources to have the staff development programs be a part of the role of existing hospital professional staff at the Armed Forces Hospitals?
- 2) Do the low ranks of employees of the Armed Forces Hospitals have the same perceptions as the key position managers in regard to appropriate guidelines for staff development programs?
- 3) What should be the specific roles of the private companies who operate the Armed Forces Hospitals in planning and conducting the staff development programs?
- 4) What is the role of the international employees in performing educational and training activities at the Armed Forces Hospitals? And what is the expected one?
- 5) How can the Armed Forces Hospitals best organize and coordinate the delivery of training and educational activities for the residency students?
- 6) What specific factors, e.g., staff to coordinate, funding, resource materials are most closely associated with success in hospital staff development programs?

Summary

This final chapter has presented the summary of purpose and procedure, research questions, review of major findings, conclusions, discussion, and recommendations for both practical and further research. The review of major findings and conclusions which were drawn from the data displayed in Chapter IV, answered the general questions posed in Chapter I. The discussion was offered in an effort to present implied results of the researcher's visit, and his

interviews with the key position managers at their sites, which were not included in the findings. In view of the fact that not all the questions can be answered by any one study, the recommendations were suggested as practical approaches to increase the body of knowledge pertaining to the staff development activities as a basis for human resources development.

APPENDICES

APPENDIX A

- 1) THE COVER LETTER
- 2) THE QUESTIONNAIRE

IN THE NAME OF GOD
THE MOST MERCIFUL AND THE MOST BENEFICIAL

Dear :

The Professionals in the hospitals are considered to be one of the most important elements in the health care institutions and therefore their quality and effectiveness has an effect on the improvement of the quality of health care services. For this reason, in the health care institutions around the world, effort is being made to provide possible ways to develop the quality of the hospital staff. The health care institutions in Saudi Arabia are concerned about the importance and the necessity of providing the means to achieve such goals. As Professionals in the health field, you are the first one who should be considered for identifying these means because you are the person most directly involved in the process of health services. Therefore, the purpose of the present study is to ask your opinions on the appropriate guidelines for the staff development programs for the employees of the Armed Forces hospitals in Saudi Arabia based on this instrument which was generated from review of the literature, standards of the Joint Commission, and the publication of the American Hospital Association. Your opinions will be confidential and no one will be able to recognize that these are your opinions.

The result will be reported in aggregate form and the individual identity and responses will be kept confidential. Your participation in this survey is voluntary. You may, without penalty, elect not to participate at all, or not to answer certain questions. You may indicate your willingness to participate by completing this survey.

The importance of this study is to provide some information which might help the researcher to make recommendations to educators, trainers, and the top authorities at the Armed Forces Hospitals in the process of developing an effective staff development program.

This questionnaire consists of three parts. The first part is designed to elicit personal and demographic information about the respondents, the second part is related to the development of mission statements, goals, objectives, needs assessment and instructional methods. Part three is related to the determination of time, eligibility, location and content of the proposed staff development programs.

It may take an hour to conduct the interview and to go over this questionnaire. Please read the questionnaire carefully, forward any additional explanatory comments and feel free to include any additional information.

Sincerely,

Said Al-Qahtani
"Researcher"
Ph.D. Candidate
College of Education
Michigan State University

INTERVIEW QUESTIONNAIRE

**THE PERCEPTIONS OF THE KEY POSITION MANAGERS AT
THE ARMED FORCES HOSPITALS IN SAUDI ARABIA ON PROPOSED
GUIDELINE FOR STAFF DEVELOPMENTS PROGRAMS**

by

SAID AL-QAHTANI

Dear:

Instructions:

To gain a more complete and clear concept of the staff development programs and the proposed models(s), the researcher recommends that you read the questionnaire in its entirety before responding.

PART ONE**Personal Data**

Please put a ☐ beside the appropriate response in the space provided.

I. Nationality: Please indicate your nationality.

- ☐ Saudi
- ☐ Europe or North America
- ☐ Middle East or Arab countries.
- ☐ Far East.

II. The name of your hospital: _____

III. Occupation: What is your present position?

- ☐ Administrator.
- ☐ Assistant Administrator.
- ☐ Chief of Professional Staff.
- ☐ Nursing Director.
- ☐ Personnel Director.
- ☐ Training and Ed. Director.
- ☐ Head of a Dept. _____

IV. Degree: What is your highest degree?

- ☐ Doctorate
- ☐ Master
- ☐ Bachelor
- ☐ Other _____

V. Sex ☐ Male ☐ Female

VI. Years of experience in the Saudi Armed Forces hospitals:

- ☐ 1-2 years
- ☐ 2-4 years
- ☐ 4-6 years
- ☐ more than 6 years

Years of experience in hospitals:

- ☐ 1-5 years
- ☐ 5-10 years
- ☐ 10-15 years
- ☐ more than 15 years

PART TWO

This part deals with mission statement, philosophy, goals and objectives of Training and Ed. activities for AFH's.

- 1. In order to set the mission statement, the philosophy, the broad goals and objectives of the training and educational activities, there are two choices. Please circle the appropriate one as you see it.**

A- The door should be open for each hospital to state their philosophy, to meet the local needs.

B- It should be the responsibility of the MSD to set the mission statement, the philosophy, the broad goals and objectives of the training and educational activities but at the same time to leave the door open for local hospitals to initiate their individual programs which meet their needs. Those local programs should match the philosophy of MSD.

Comments:

Questions 2 through 10 deal with development and the implementation of the staff development programs. Please indicate your perception and mark the appropriate blank to the right of the following statement, according to the following scale:

- 1- Strongly Disagree.
- 2- Disagree.
- 3- Undecided.
- 4- Agree.
- 5- Strongly Agree.

- | | | | | | | |
|----|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 2. | Setting goals and objectives is important in the process of developing any training or education program. | 1
<input type="checkbox"/> | 2
<input type="checkbox"/> | 3
<input type="checkbox"/> | 4
<input type="checkbox"/> | 5
<input type="checkbox"/> |
| 3. | Stating the goals and objectives of the local individual programs at each hospital are the responsibility of Training and Ed. Dept. with the participation of the department heads under the direction of the top management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Planning for programs is the responsibility of the Training and Ed. Dept. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Identifying training needs is the responsibility of the training and Ed. Dept. with the participation of (1) department heads and (2) participants (employees). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Preparing the program materials is the responsibility of the staff of the Training and Ed. Dept. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | 1 | 2 | 3 | 4 | 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. nominating the participants for the training and education programs is the responsibility of the department heads. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Evaluating the program is the responsibility of Training and Ed. Dept., department heads, participants, top management and sometimes a consultant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The evaluation process should be during, and after the program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The evaluation should include evaluating the instructor(s), the participants, the content, the instruction method(s) and the program environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The most effective method of determining educational needs is through the process of data gathering and that can be considered through a variety of methods which are mentioned below. For questions 11 through 14 mark the appropriate blank to the right of the statement according to the following scale:

- 1- Strongly not recommended.
 2- Not recommended.
 3- Undecided.
 4- Recommended.
 5- Strongly recommended.

- | | 1 | 2 | 3 | 4 | 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. Using the questionnaire method. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using the interview method. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Using the observation method. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Using the document files (incident reports, for example). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For each of the instructional methods mentioned below, please determine your perceptions on the appropriate method in relation to each program by marking the blanks to the right of the statement. For questions 15 through 23, you may recommend one method for more than one program.

	<u>Orientation</u>	<u>Continuing Education</u>	<u>In Service Training</u>
15 <u>The Lecture Method.</u> The trainer will be speaking to training group usually from prepared notes. The trainer stands in front the group and gives information or specific topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 <u>Individual Study.</u> The trainee enrolls in home-study courses or reads independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 <u>Coaching.</u> Individual on-the-job training. The supervisor works closely with the trainee on specific job tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 <u>Rotation.</u> Individual on-the-job experience in different job types, locations, departments, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 <u>Workshop.</u> Meeting to solve problems through group discussion. The trainer or chairman conducts discussion and involves trainees in attempting to solve problems and reach decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. <u>Simulation.</u> Individuals receive on-hands experience through simulation of the work environment and on-the-job situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<u>Orientation</u>	<u>Continuing Education</u>	<u>In Service Training</u>
21	<u>Role Playing.</u> A simulated situation in which trainees act out the thoughts and behavior of persons in particular roles in the organization. Trainees act out the situation and then discuss what happened and why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<u>Case Method.</u> Study of a situation in which involves a specific incident or organization problem. The case is presented orally, in writing, or by film. Conferees analyze and discuss it, determine the issues, and propose solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<u>Brainstorming.</u> A method of getting a group to come up with original, creative ideas. The group lists all ideas, suspends judgement, encourage freewheeling thinking and hitchhiking on others' ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B

OFFICIAL LETTERS

PART THREE

The Orientation program of Overseas Employees

- 24 In order to meet the goals and the objectives of this program, it should be conducted at:

A- The countries of their points of hire.

B- MSD headquarters before their arrival to the local hospitals.

C- Local hospitals after their arrival.

- 25 The Design of the Program.

The designing of the Orientation Program of the Overseas Employees is the responsibilities of:

A- The recruiting companies.

B- The MSD headquarters.

C- Local hospitals.

D- All of the above.

Program content.

For each of the subject areas mentioned below, please mark in the blank to the right of the statement which indicate your agreement or disagreement to the following scale:

- 1- Strongly not recommended.
- 2- not Recommended.
- 3- Undecided.
- 4- recommended.
- 5- Strongly recommended.

This program can provide new employees with information about the following subjects:

26	The Kingdom as a whole.	1	2	3	4	5
	a. historical background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. climate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. natural resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. religion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. rules and regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	People of Saudi Arabia.					
	a. lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. customs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	The development of health care institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Travel arrangements in case it is going to be conducted at the country of point of hire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hospital-Wide orientation Program.

30

Timing.

What would you think is the best time to conduct this program?
In the following there are three choices, which one would you prefer?

A- before the new employee starts the work

B- the first day he/she starts the work.

C- after he/she starts the work.

Content

For each of the following subject areas mentioned below, please mark in the blank to the right of the statement which indicates your agreement or disagreement according to the following scale:

1- Strongly not recommended.

2- not recommended.

3- Undecided.

4- Recommended.

5- Strongly recommended.

31

The hospital's

a. history

☐ ☐ ☐ ☐ ☐

b. goals.

☐ ☐ ☐ ☐ ☐

c. philosophy

☐ ☐ ☐ ☐ ☐

32

Hospital organization

a. organizational chart

☐ ☐ ☐ ☐ ☐

b. department communication

☐ ☐ ☐ ☐ ☐

c. facility--map of hospital.

☐ ☐ ☐ ☐ ☐

33	Personnel					
	a. payroll, benefits, vacation, promotions, absences and illness.	1	2	3	4	5
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Hospitals Policies					
	a. visiting hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. time clocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. uniforms, name tags, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Employee Health					
	b. policy procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Safety programs					
	a. fire prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. disaster plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Resources					
	a. policy manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. library.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Employee Responsibilities to Hospital					
	a. incident reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. professional liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Tour of the Hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Department Orientation Program

40. Timing

According to JCAH Standards, every new employee is supposed to be introduced to the rules and regulations of the department and provided with the needed training skills. In order to introduce the new employee to the department, the best time to conduct such a program is:

A- right after the hospital-wide organization program, where the employee starts his/her work for the department.

B- Anytime during the probation period (3 months).

C- After the probation period.

Content

For each of the subject areas mentioned below, please mark in the blank to the right of the statement which indicates your agreement or disagreement according to the following scale:

1- Strongly not recommended.

2- not recommended.

3- Undecided.

4- Recommended.

5- Strongly recommended.

		1	2	3	4	5
41	Department organization chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	Nature of duties--job description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	The role or function of department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Department policies--rules and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 45. Department colleagues and their functions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Work area--equipment and supplies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Opportunities for development of job skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Conduct/performance expectations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Career advancement and mobility opportunities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Available education programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MSD Orientation Program.

51. This program is eligible for:
- A- the MSD Saudi college graduate only.
 - B- the MSD Saudi non-college graduate, but occupying or promoted to supervisory position.
 - C- the Saudi local hire occupying, or promoted to a supervisory position
 - D- all of them.
52. This program should be held at:
- A- MSD Headquarters.
 - B- Medical Academy
 - C- In a rotating base (every time in one of the local hospital).
53. This program should be offered:
- A- every two or three months.
 - B- twice a year.
 - C- once a year.
 - D- as needed.

Content

For each of the subject areas mentioned below, please mark in the blank to the right of the statement which indicates your agreement or disagreement according to the following scale:

- 1- Strongly not recommended.
 2- not recommended.
 3- Undecided.
 4- Recommended.
 5- Strongly recommended.

54.	Historical background					
	1- Ministry of Health (brief)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2- other ministries and agencies providing health care services (National Guard, Red Crescent...) (brief)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3- MSD (detailed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
55.	MSD Organization					
	1- organizational charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2- philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3- purpose/goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.	MSD Hospitals, Training Schools and Field Hospitals					
	1- locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2- capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3- relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57.	Personnel: payroll, absences, illness, vacations, promotions, retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.	Education and Training Training programs available:					
	1- in-country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2- out-country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Training and Continuing Education Programs

The life long learning is a fact of life for health professionals. Please indicate your perceptions and recommendation for the following four proposed models for training and continuing education programs:

- 1- Strongly not recommended.
- 2- not recommended.
- 3- Undecided.
- 4- Recommended.
- 5- Strongly recommended.

- | | | | | | | |
|-----|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 59. | Individualized training and continuing education programs to meet the needs of a particular employee within the department. | 1
<input type="checkbox"/> | 2
<input type="checkbox"/> | 3
<input type="checkbox"/> | 4
<input type="checkbox"/> | 5
<input type="checkbox"/> |
| 60. | Departmental training and continuing education programs to meet the needs of the department employees. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. | A hospital-wide training and continuing education programs (participants are from many departments). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. | A training and continuing education programs shared by the Armed Forces' Hospitals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For questions 63 through 67, please indicate your perception on the following statements, and mark the appropriate blank according to the following scale:

- 1- Strongly disagree.
- 2- Disagree.
- 3- Undecided.
- 4- Agree.
- 5- Strongly Agree.

- | | | | | | | |
|-----|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 63. | The training and continuing education programs should be planned ahead and publically announced among the hospital employees. | 1
<input type="checkbox"/> | 2
<input type="checkbox"/> | 3
<input type="checkbox"/> | 4
<input type="checkbox"/> | 5
<input type="checkbox"/> |
| 64. | The Training and Ed. Dept. should have a control over all training and education activities, including medical education. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. | Participating in Training and Ed. programs is condition for promotion or merit increase. (As trainer or educator if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. | Participating in Training and Ed. programs should be a condition for promotion or merit increase. (As a participant). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. | Support and commitment of the top management is important for the training and education activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MICHIGAN STATE UNIVERSITY

UNIVERSITY COMMITTEE ON RESEARCH INVOLVING
HUMAN SUBJECTS (UCRIHS)
206 BERKELEY HALL
(517) 353-9738

EAST LANSING • MICHIGAN • 48824-1111

June 30, 1988

Said J. Al-Qahtani
920 S. Harrison
East Lansing, MI 48823

Dear Mr. Al-Qahtani:

Subject: "THE CASE OF THE ARMED FORCES HOSPITALS
IN SAUDI ARABIA IRB # 88-224"


The above project is exempt from full UCRIHS review. I have reviewed the proposed research protocol and find that the rights and welfare of human subjects appear to be protected. You have approval to conduct the research.

You are reminded that UCRIHS approval is valid for one calendar year. If you plan to continue this project beyond one year, please make provisions for obtaining appropriate UCRIHS approval one month prior to June 30, 1989.

Any changes in procedures involving human subjects must be reviewed by the UCRIHS prior to initiation of the change. UCRIHS must also be notified promptly of any problems (unexpected side effects, complaints, etc.) involving human subjects during the course of the work.

Thank you for bringing this project to our attention. If we can be of any future help, please do not hesitate to let us know.

Sincerely,



John K. Hudzik, Ph.D.
Chair, UCRIHS

JKH/sar

cc: E. Nonnamaker

MICHIGAN STATE UNIVERSITY

COLLEGE OF EDUCATION
DEPARTMENT OF EDUCATIONAL ADMINISTRATION
BRICKSON HALL

EAST LANSING • MICHIGAN • 48824-1034

June 21, 1988

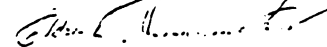
Jeneral Ahmed Al-Sharbini
Program Director
Dhahran Medical Center, Dhahran
Medical Academy and the Armed Forces
Hospital at King Abdulaziz Air Base
Dhahran, SAUDI ARABIA

Dear Jeneral Al-Sharbini:

This letter is to report on the progress of Mr. Said Al-Qahtani. Said has passed his comprehensive examinations and is now in the process of developing his dissertation. For his dissertation he is planning to study the perceptions of key managers at the Armed Forces Hospitals in Saudi Arabia on appropriate guidelines for staff development programs. He has developed an extensive questionnaire which he plans to administer to these managers. To complete his dissertation he will need to visit each hospital to administer the instrument and to interview the administrator, assistant administrator, chief of the professional staff, nursing director, personnel director, and the training director. He is in the process of making arrangements to administer the questionnaire and conduct the interviews this Summer, and any assistance you may give him will be deeply appreciated.

After Said has collected his data he will need to return to Michigan State University to do a computer analysis of his data and complete his dissertation so that he may present it to his doctoral guidance committee for his final oral examination.

Sincerely yours,



Eldon R. Nonnamaker
Professor

ERN/DH

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

تاريخ: ٢٠٢٢
تاريخ: ١٤٤٤
لرقعات: ١, ٨



المملكة العربية السعودية

وزارة الصحة
رئاسة هيئة الأركان العامة

الإدارة العامة للخدمات الطبية للقوات المسلحة
(مكتب المدير العام)

للموضوع: _____

مدير مستشفى مدينة الملك فيصل العسكرية
ومستشفى القوات المسلحة بالجنوب

السلام عليكم ورحمة الله وبركاته .

تقدم لنا الموهب / سعيد جبران القحطاني : المبتعث للحصول على
درجة الدكتوراه في مجال التوجيه والإرشاد وبرامج التدريب والتعليم
المستمر لموظفي المستشفيات العسكرية ، والمذكور يرفق في زيارة بعض
المستشفيات لمقابلة مدراء الأقسام لاستطلاع آرائهم في مجال رسالته .
أمل تسهيل مهمته ومساعدته في مجال تخصصه وإذا أمكن لسي
تأمين السكن له أثناء فترة إقامته لديكم .

والسلام عليكم ...

لواء/طبيب
ر/ر/ر/ر/ر

عبد الحميد محمد الفرائضي

مدير عام الخدمات الطبية للقوات المسلحة

الجبر
١٤١٩

بسم الله الرحمن الرحيم

الوقت: ٢٠٢٢/١١/٢٢
الوقت: ١١/٢٢/٢٠٢٢
الوقت: ١١/٢٢/٢٠٢٢



المملكة العربية السعودية

وزارة الصحة
رئاسة هيئة الأركان العامة

الإدارة العامة للخدمات الطبية للقوات المسلحة
(مكتب المدير العام)

معادة مدير برنامج مستشفى الرياض والخرج

السلام عليكم ورحمة الله وبركاته ،

تقدم لنا الفوق / معيد جبران القحطاني - المبتعث للحصول على درجة الدكتوراه
في مجال التوجيه والإرشاد وبرامج التدريب والتعليم المستمر لمؤلفي المنشآت
العسكرية ، والمذكور يرغب زيارة بعض المنشآت لمقابلة مدراء الأقسام
لإستطلاع أرائهم في مجال رسالتهم .

آمل تسهيل مهمته ومساعدته في مجال تخصصه وإذا أمكن في تأمين
السكن له أثناء فترة إقامته لديكم .

والسلام عليكم ...

الحمد لله
١٤١٩

لواء/طبيب
ررررررر

عبد الحميد محمد الفرائضي
مدير عام الخدمات الطبية للقوات المسلحة

البريد الإلكتروني
لتسهيل مهمة المذكور

مكتوب
مدير عام الخدمات الطبية للقوات المسلحة

تاريخ: ١١/١٠/١٤٣٥ هـ
موضوع: ...
مرفقات: ...

للموضوع: ...

بسم الله الرحمن الرحيم



المملكة العربية السعودية

وزارة الدفاع والوقاية المدنية
رئاسة هيئة الأركان العامة

لإدارة العامة للخدمات الطبية للقوات المسلحة
(مكتب المدير العام)

معادة مدير المجمع الطبي العسكري ومستشفى القوات المسلحة
بقيادة الملك عبدالعزيز الجوية بالطهران

السلام عليكم ورحمة الله وبركاته ،

تقدم لنا الموقر / معيد جبران القحطاني المبتعث للحمول على درجة الدكتوراه
في مجال التوجيه والإرشاد وبرامج التدريب والتعليم المستمر لمؤلفي المنشآت
العسكرية ، والمذكور يرفق في زيارة بعض المنشآت لمقابلة مدراء الأقسام
لاستطلاع أرائهم في مجال رسالتهم .

آمل تجهيل مهمته ومساعدته في مجال تخصصه وإذا أمكن في تأمير
السكن له أثناء فترة إقامته لديكم .

والسلام عليكم ...

مستشفى القوات المسلحة
بقيادة الملك عبدالعزيز الجوية بالطهران
وآرد
١٤٣٥/١٠/١١ هـ

لواء/طبيب

رأى

عبد الحميد محمد الفرائضي

مدير عام الخدمات الطبية للقوات المسلحة

للرجوع إلى ...
سند ...
بالتاريخ ...

مدير عام

APPENDIX C

PRINCIPLES OF ADULT EDUCATION

AL-MUJAMMAA ATTESSI AL-ASKARI
(DHAKHAN MEDICAL CENTER)
KINGDOM OF SAUDI ARABIA



المملكة العربية السعودية
المجمع الطبي العسكري
بالتحريم

Memorandum

TO: Robert S. Crowder
Hospital Administrator

FROM: Capt. Moh'd Al-Halafi
Assistant Administrator/Program

SUBJECT: QUESTIONNAIRE.....

DATE 21.09.1988

cc Maj. Dr. Moh'd
Sulafieh.....

RECEIVED

21 SEP 1988

As'd


In reference to the Memo. from Major General Dr. Abdul-Hamid Al-Fraidi, the Director of M.S.D. dated 29.01.1409H., concerning the above subject, attached please find a questionnaire provided by Said Al-Qahtani who is currently studying in Michigan State University. Please, also note that this questionnaire has been approved for distribution by the Actg. Program Director Major Dr. Moh'd Sulafieh.

Please make arrangement for him to meet with you and different personnel listed below on 24th and 25th of Sept., 1988 for 15-20 minutes each. They are:

- | | |
|------------------------|---------------------------|
| 2. Moh'd Thubaity, | Patients S. Administrator |
| 3. Nigel Devereaux, | Support S. Administrator |
| 5. Iris Nelson, | Nursing Director |
| 6. Mansour Al-Mansour, | Personnel Director |

Upon completion, please return this questionnaire to my office for collection by Mr. Al-Qahtani.

Thank you very much for your co-operation in this matter.


21/9/88

Capt. Moh'd Al-Halafi
Assistant Administrator/Program

ADULT EDUCATOR COMPETENCIES

1. Accept the learner as a person with feelings and ideas to create an environment conducive to learning.*

first level: A. Demonstrate verbal and nonverbal acknowledgement of learner's desire to learn his/her new job.

B. Demonstrate a support attitude as a co-learner.

second level: Encourage learner to relate past experiences to new material.

third level: Support learner's suggestions for appropriate change.

2. Establish and maintain communication with learners regarding job responsibilities to promote a relationship of trust confidentiality, and support.*

first level: A. Provide clear and realistic job responsibilities.

B. Introduce hospital jargon gradually.

second level: A. Provide specific times and places when you will be available to learners for questions.

B. Follow up on requests and report back.

C. Acknowledge difference of opinions.

third level: Obtain feedback from learners to check uniform application of policies and procedures.

3. Develop educational offerings with realistic behavioral objectives to meet the needs of the learner, to be consistent with hospital goals, and to reflect current nursing and health care practice.

first level: A. Obtain input from learners, supervisory personnel, and other appropriate hospital staff regarding job-related needs of orientation and continuing education.*

B. Determine priorities of above job-related needs.

C. Translate job-related needs in behavioral objectives for learner.

D. Develop objectives which

1. indicate current hospital practice, policy, and/or procedure

2. build on the learner's previous job-related knowledge

3. depict observable behavior

- 4. correlate with the learner's level of comprehension and function
 - 5. fit within a realistic time frame
 - 6. progress from simple to complex
 - 7. reflect current concepts and research in the health care field
- second level: Increase competency and efficiency in the above.
- third level: Assist others to accomplish the above (eg. peers, resource persons).
4. Utilize a variety of learning opportunities for individuals and groups to promote active participation by the learners.
- first level: A. Utilize two to three teaching methods appropriate to the material and the learners (eg. lecture, discussion, demonstration)
- B. Utilize group dynamics principles.
- 1. produce physical climate of warmth and informality
 - 2. produce emotional climate of understanding and trust
 - 3. practice task functions (eg. initiating, setting goals, informing, seeking information, coordinating, evaluating, elaborating, summarizing, etc.)
 - 4. practice maintenance functions (eg. standard-setting, tension-reduction, supporting and encouraging, gatekeeping, harmonizing, expressing feelings, compromising, energizing, etc.)
 - 5. encourage individuals in group to become model members.
- second level: A. Adapt teaching methods based on the learner's response.
- B. Utilize new teaching methods.
- third level: Share expertise in teaching methods with other instructors.
5. Utilize appropriate hospital and community resources to provide educational offerings reflective of current nursing and health care practice.
- first level: A. Keep up-to-date on current concepts at hospitals and in the health care field.

second level: B. Keep up-to-date on resources available within the hospital and community. Contact persons at hospitals and in community agencies as guest speakers and/or resource persons.

third level: A. Assist hospital personnel to develop themselves as resource persons.
 B. Assist guest speakers in evaluating their presentation.
 C. Assist community healthcare agencies as requested.

6. Continuously evaluate the learners' progress and the effectiveness of the facilitator to determine if the learners' objectives are achieved.

first level: A. Evaluate the learner's performance in the classroom and on the unit, utilizing two to three evaluation methods (eg. feedback from learners, supervisors, orientors, and other appropriate personnel; skills inventory, self-evaluation tools; tests; return demonstrations; observations; audit, etc.)*
 B. Evaluate the instructor's teaching performance in the classroom and on the unit by obtaining written and verbal feedback from the learners, supervisors, orientors, and other appropriate personnel.*
 C. Revise objectives, content, teaching methods, etc. based on above evaluations.

second level: A. Same as first level, A, above, except applied to continuing education offerings.
 B. Same as first level, B, above, except applied to continuing education offerings.
 C. Same as first level, C, above, except applied to continuing education offerings.

third level: Provide learners with self-evaluation tools and appropriate recommendations for their areas of growth.

7. Establish appropriate physical conditions to promote an environment conducive to learning.

first level: A. Provide adequate physical conditions (eg. writing space, lighting, seating, temperature)
 B. Assemble appropriate equipment prior to class.

- C. Provide adequate time for breaks.
 - D. Arrange audiovisual aid for good visibility by all.
- second level: Make appropriate recommendations to improve physical conditions and/or equipment, within budgetary limits.
- 8. Maintain current knowledge, skills, and attitudes in nursing and education to ensure relevancy in classroom and clinical instruction.
 - first level: A. Establish a systematic approach in keeping self current about job knowledge (eg. regular time set aside for book and journal review, conferences with resource persons or peers, rounds, etc.)
 - second level: B. Participate actively on nursing unit. Ensure professional growth by participation at internal and external educational opportunities, self-directed learning, and/or membership in professional organizations.
 - third level: Assist peers in maintaining and evaluating their nursing and education expertise.
- 9. Foster communication within the department to promote coordination of services and sharing of resources.
 - first level: A. Identify role of other departmental personnel.
 - B. Identify role of support services (eg. secretaries, printing services, library).
 - second level: A. Utilize other instructors as resource persons (eg. content of classes, teaching methods, teaching materials).
 - B. Inform other departmental members of your activities.
 - third level: Inform other departmental members of changes that may affect their roles.
- 10. Establish and maintain an effective working relationship with orientors to provide more effective orientation and continuing education programs.*
 - first level: A. Establish list of orientors and chief orientor if appropriate.
 - B. Review orientor's role and instructor's role with learners and orientors.

- second level: C. Provide orientors with list of competencies to use in assisting the learners. Utilize orientors for two-way communication on their units (ie, planning, publicizing and evaluating orientation and continuing education offerings).
 - third level: Assist orientors in applying adult education principles (eg, orientors' workshop, orientor's manual, one-to-one support).
- 11. Keep informed of changes in hospital policies and procedures to provide current orientation and continuing education offerings.
 - first level: A. Determine formal and informal channels of communication.
 - B. Regularly review appropriate policy and procedure books and meeting minutes.
 - second level: A. Route requests for changes to appropriate person(s).
 - B. Devise written and/or verbal methods to inform learners of changes in policies and procedures that affect their role in hospital (eg. classes, newsletter, flyer, memos, informal group meetings, communication through supervisory personnel, etc.)*
 - C. Become a member of appropriate committees.
 - third level:* Problem-solving: recommend changes in policies or procedures to reflect current, safe practice.
- 12. Assist the learner to identify the effects of stress on his/her job performance to support their mental health.*
 - first level: A. Assist learner to identify his/her feelings.
 - B. Ensure confidentiality of all information.
 - C. Encourage learner to use appropriate channels of communication for constructive criticism.
 - second level: Refer learner to other appropriate supportive services.
 - third level: Assist learner to clarify his/her problems and to assess possible solutions.
- 13. Serve as consultants to supervisory staff to assist them in evaluating their employees.

- first level: Provide supervisors with summary evaluations at end of learner's orientation (ie, strengths and areas of growth).*
 - second level: Upon request, assist supervisors in evaluation of learner's performance.
 - third level: Upon request from supervisor and/or learner, recommend alternative employment options (eg, transfer to another unit or area, termination, promotion, change in hours or shift, or further schooling).
14. Serve as consultants to hospital personnel regarding educational resources to facilitate self-directed learning.
- first level: Promote use of educational calendar and audiovisual listings.*
 - second level: Recommend appropriate books, journals, audiovisual aids, resource persons, and community resources.*
 - third level: Assist hospital personnel in developing their own continuing education programs or in individualizing continuing education programs to their needs.

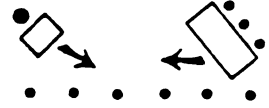

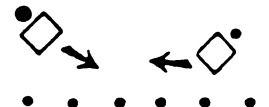
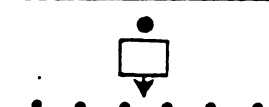
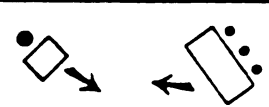
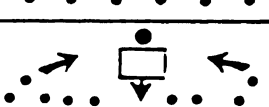
* Guidelines to the instructor regarding feedback to obtain or information to relay on rounds.

APPENDIX D

INSTRUCTIONAL TECHNIQUES AND ROOM ARRANGEMENT

Instructional Techniques to Impart Knowledge

Techniques appropriate for ONE RESOURCE PERSON PRESENTATIONS to inform, give information, disseminate knowledge, develop understanding:

Technique	Description	Room Arrangement
Committee Hearing	Questioning of a resource person by a panel of interviewers for extemporaneous responses.	
Film	One-way organized presentation	
Interview	Questioning of a resource person by an individual on behalf of audience.	
Lecture, Speech	One-way organized formal presentation of information or point of view by resource person	
Lecture with Group Response Team (Audience Reaction Team)	Several group representatives interrupt resource person at appropriate times for immediate clarification of issues	
Screened Speech	Sub-groups develop questions they wish resource person to address extemporaneously	

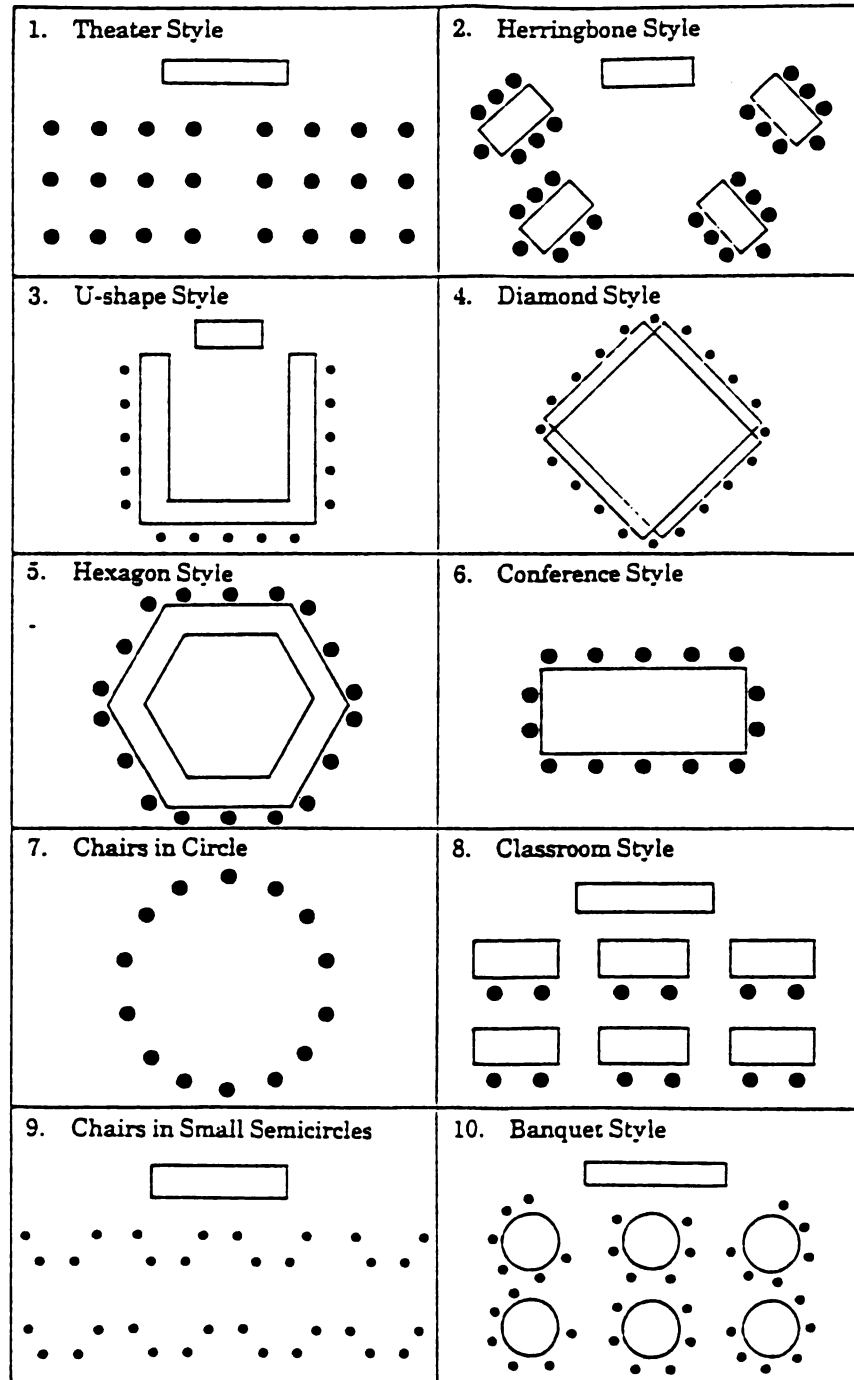
Techniques appropriate for SEVERAL RESOURCE PERSON PRESENTATIONS to inform, give information, disseminate knowledge, develop understanding:

Technique	Description	Room Arrangement
Colloquy	Panelis of 3 or 4 resource persons and 3 or 4 representatives of the audience discussing issue.	
Debate	Conflicting views stated by each resource person and clarified further by argument between them.	
Dialog	Informal, conversational discourse between 2 resource persons.	
Dramatic Presentation	Prepared play or skit to inform.	
Interrogator Panel	2 to 4 resource persons questioned by 2 to 4 interrogators.	
Panel Discussion	Panel of 4 to 7 resource persons carry on a discussion of an issue before an audience (informal discussion "overheard" by audience).	
Symposium	3 to 6 speeches or lectures presented in turn by resource persons on various phases of a single subject or problem.	

Techniques appropriate as FOLLOW-UPS to presentations of one or more resource persons to involve the audience:

Techniques	Description	Room Arrangement
Buzz Groups	Sub-groups of 4 to 6, with 4 to 6 minutes to discuss particular issue or question raised by resource person.	
Chain Reaction Forum	Sub-groups discuss presentation and formulate questions to be asked resource person.	
Forum	Free and open question/discussion period immediately following a lecture.	
Group Discussion	Sub-groups of 10—20 discuss problems or issues raised, for 15—30 minutes.	
Huddle Groups	Pairs or triads (2-3 persons/groups) discuss specific issue for 2 to 3 minutes.	
Listening Team	3—4 members in audience are designated to listen and raise questions after presentation.	
Question Period	Opportunity for any in audience to directly question speaker.	
Reaction Panel	Panel of 3 or 4 react to presentation by panel discussion.	
Reaction Symposium	3 or 4 persons in turn give their reaction to presentation.	
Screening Panel	3 or 4 persons screen questions raised by audience (on cards) before presenting questions to resource person.	

Room Arrangements



REFERENCES

REFERENCES

- Alexander, L. and Davis, R. Choosing Instructional Techniques. East Lansing, Michigan: Michigan State University, 1977.
- Al-Nifay, A. An assessment to redesign in-service training programs for paraprofessionals employed in military hospitals under the jurisdiction of the Saudi Arabian Ministry of Defense. Unpublished doctoral dissertation. University of Pittsburgh, 1981.
- Armstrong, M.L. "Bridging the gap between graduation and employment." The Journal of Nursing Administration/November-December 1974.
- Babbie, E.R. Survey Research Methods. Belmont, California, Wadsworth Publishing Company, Inc., 1973.
- Baird, L. and Schneier, C. and Laird, D. The Training and Development Sourcebook. Amherst, Massachusetts.
- Beach, Dale. The Management of People at Work. MacMillan, 1970.
- Bell, E.A. "Needs assessment in continuing education: Designing a system that works." The Journal of Continuing Education in Nursing. Volume 17, Number 4, July/August 1986, pp. 112-114.
- Bennett, Addison. Improving Management Performance in Health Care Institutions. Chicago, Illinois: American Hospital Association, 1978.
- Bille, D.A. Staff Development, A Systems Approach. Thorofare, N.J., Charles B. Slack, Inc., 1982.
- Birnbrauer, H. "Reinforcing your training programs" in Baird, L. The Training and Development Sourcebook. Amherst, Massachusetts, Human Resource Development Press, 1983.
- Blair, B.F. Hospital Employee Assistance Programs. Chicago, Illinois, American Hospital Association, 1984.

- Bowman, M.P. Nursing Management and Education, A Conceptual Approach to Change. London, England, Croom Helm Ltd., 1986.
- Burk, B. and Gillman, D. and Ose, P. "Nursing Orientation" The Journal of Continuing Education in Nursing. Volume 15, Number 6, 1984.
- Caffarella, R.S. Opinions of health care professionals concerning patient education for the inpatient hospital population, with implications for program planning and staff development. Unpublished doctoral dissertation. Michigan State University, 1978.
- Chapman, Thelma. "Orientation-First Impressions Last." The Journal of Continuing Education Nursing 6. January-February, 1975.
- Combs, A., and Snugg, D. Individual Behavior. New York, N.Y.: Harper & Row, 1959.
- Cooper, S.S. The Practice of Continuing Education in Nursing. Rockville, Maryland, An Aspen Publisher Inc., 1983.
- Copeland, Winifred and Miller, Barbara. "Development of a Modular Curriculum for Nursing Service Orientation." The Journal of Continuing Education 7. July-August, 1976.
- Deane, D. and Campbell, J. Developing Professional Effectiveness in Nursing. Reston, Virginia, A Prentice-Hall Company, 1985.
- Dickinson, G. and Vernor, C. "The Provision of Inservice Education for Health Manpower." Fostering the Growing Need to Learn. Rockville, MD, Division of Regional Medical Programs, 1974.
- Dolphin, P. and Holtzclaw, B. Continuing Education in Nursing, Strategies for Lifelong Learning. Reston, Virginia, Reston Publishing Inc. 1983.
- Flewellyn, B. and Gosnell, D. "Comparison to two approaches to hospital orientation for practice efficacy and preferred learning methods of registered nurses." The Journal of Continuing Education in Nursing. Volume 16, Number 5, September/October 1985.
- Gomersall, R.E., and Meyers, M.S. "Breakthrough in On-the-Job Training." Harvard Business Review. July-August, 1966, p. 64.

- Grubb, R. D. and Mueller, C.J. Designing hospital training programs. Springfield, Illinois: Charles C. Thomas publisher, 1975.
- Habib-Allah, A. Documentary Film, Dhahran, Saudi Arabia, Armed Forces Hosipitals, 1984.
- Habib-Allah, A. Policy and Regulations ... Organization ... Functions. Unpublished manual book, Armed Forces Hospital at King Abdulaziz Air Base, Dhahran, Saudi Arabia, 1985.
- Hagerty, B.K. "A competency-based orientation program for psychiatric nursing," The Journal of Contining Education in Nursing, volume 16, number 5, September/October 1986.
- Haggard, Ann. Hospital Orientation Handbook. Rockville, Maryland: An Aspen Systems Corporation, 1984.
- Hammerstad, S. and Johnson, S. and Virenoland, L. "New graduate orientation program." The Journal of Continuing Education in Nursing. Volume 16, Number 2, March/April 1985.
- Havelock, R.G. The Change Agent's Guide to Innovation in Education. Englewood Cliffs, New Jersey, Educational Technology Publications, 1982.
- Hepner, J., Boyer, J., and Wsterhaus, C. Personnel Administration and Labor Relations in Health Care Facilities. St. Louis, Missouri, The C.V. Mosby Company, 1969.
- "Inservice Education - How it really is." RN, 34:36 Feb. 1971.
- JCAH. Accreditation Manual for Hospitals/84. Chicago, Illinois, Joint Commission on Accreditation of Hospitals, 1983.
- JCAH. Accreditation Manual for Hospitals/1988 edition, Chicago, Illinois, Joint commission on Accreditation of Hospitals, 1983.
- Kibbee, P. "Developing a model for implementation of an evaluation component in an orientation program." The Journal of Continuing Education in Nursing. Volume 11, number 5, 1980, p. 25.
- King, E.C. Affective Education in Nursing, A Guide to Teaching and Assessment. Rockville, Maryland, Aspen Publisher Inc., 1984.

- Knauss, P.J. "Staff nurse preceptorship: An experiment for graduate nurse orientation." The Journal of Continuing Education in Nursing. Volume 11, Number 5, 1980.
- Knowles, M.S. The modern practice of adult education. Chicago, Illinois, 1980.
- Kohls, L.R. "Four traditional approaches to developing cross-cultural preparedness in adults." International Journal of Intercultural Relations. Vol. 1, 1987, pp. 89-106.
- Kosecoff, J. and Fink, A. Evaluation Basics. Beverly Hills, California, Sage Publications, 1982.
- Lachance-Everhart, R. "Transfer Orientation: Developing a Retraining Program" The Journal of Continuing Education in Nursing. Volume 17, Number 4, July/August, 1986.
- Lambertsen, E.C. Education for nursing leadership. Philadelphia, J.B. Lippincott Co., 1958.
- Langford, T.L. Managing and Being Managed. Englewood Cliffs, New Jersey, Prentice Hall Inc., 1981.
- Lenz, E. The Art of Teaching Adults. New York, N.Y., CBS College Publishing, 1982.
- Linton, Corinne B. and Truelove, James W. Hospital-Based Education. New York, ARCO Publishing, Inc., 1980.
- Lishner, K. and Puetz, B. "Program Evaluation: As the program director sees it; As the evaluator sees it." The Journal of Continuing Education in Nursing. Volume 17, Number 4, July/August 1986.
- MacFadyen, J.S. "American Nurses Working Overseas." The Journal of Continuing Education in Nursing. Volume 14, Number 5, 1983.
- Mager, R.F. Preparing instructional objectives. Belmont, Calif: Fearon Publisher, 1975.
- Mager, R. and Beach, K. "Course objectives", The training and development sourcebook. Amherst, Massachusetts: Human Resource Development Press, 1983.
- Magner, M.M. Inservice Education Manual for the Nursing Department. St. Louis, Missouri, The Catholic Hospital Association, 1978.
- McConnell, C.R. The Effective Health Care Supervisor. Rockville, Maryland, Aspen Systems Corporation, 1982.

- McConnell, C.R. Managing the Health Care Professional. Rockville, Maryland, Aspen System Corporation, 1984.
- McGowan, R. and Merrill, M. Shared Training and Development Services for Hospitals. Chicago, Illinois, American Hospital Association, 19 __.
- McManus, R.L. What colleges and universities offer the practicing nurse, Am. J. Nurs. 54: 1478, 1954.
- Meisenhelder, B.J. "The new graduate socialization." The Journal of Continuing Education in Nursing. Volume 12, number 3, 1981.
- Metzger, Norman. Handbook of Health Care Human Resources Management. Rockville, Maryland, An Aspen Systems Corporation, 1981.
- Metzger, N. Personnel Administration in the Health Services Industry. New York, N.Y. Spectrum Publications Inc., 1979.
- Munk, R.J. and Lovett, M. Hospital-wide education and training. Chicago, Illinois, Hospital Research and Educational Trust, 1977.
- O'Connor, A.B. Nursing Staff Development and Continuing Education. Toronto, Canada, Little, Brown and Company (Canada) Limited, 1986.
- O'Neal, E.A. "An orientation designed for nurses in an ambulatory care setting." The Journal of Continuing Education in Nursing. Volume 17, number 2, January/February 1986.
- Ostrand, K. and Ribble, J. and Draves, W. New Growth Markets in Adult Learning. Manhattan, Kansas, Learning Resources Network, 1984.
- Parker, B.K. Health care education. Norwalk, Connecticut: Appleton-Century Crofts, 1986.
- Paulk, L. and Hill, K. and Robinson, R. "Determining the quality of RN orientation programs." The Journal of Continuing Education in Nursing. Volume 16, number 5, September/October 1985.
- Perkins, M.T. "Nursing Inservice Education in Saudi Arabia." The Journal of Continuing Education in Nursing. Volume 16, Number 2, March/April, 1985, pp. 44-46.

- Petersen, M.B. "Adult Educator Competencies." The Journal of Continuing Education in Nursing. Volume 14, Number 5, 1983.
- Plunkett, Richard. Supervision. Dubuque, Iowa, Wm. C. Brown Company Publishers, 1983.
- Puetz, B.E. Contemporary Strategies for Continuing Education in Nursing. Rockville, Maryland, Aspen Publishers, Inc., 1987.
- Puetz, B.E. Evaluation in Nursing Staff Development. Rockville, Maryland, Aspen Systems Corporation, 1985.
- Rezler, A. and Rezmovic, V. "The learning preference inventory", Journal of Allied Health 10, No. 2, (February 1981): 28.
- Ribler, R. "Develop course objectives." The training and development sourcebook. Amherst, Massachusetts: Human Resource Development Press, 1983.
- Robinson, R.D. Helping Adults Learn and Change. Milwaukee, Wisconsin, Omni Book Co., 1983.
- Rowe, E.L. "Providing Effective Inservice Training." The Journal of Continuing Education In Nursing. Volume 16, Number 4, July/August 1985.
- Rowland, Howard and Rowland, Beatrice. Hospital Administration Handbook. Rockville, Maryland, An Aspens Systems Corporation, 1984.
- Rufo, K.L. "Guidelines for Inservice Education for Registered Nurses." The Journal of Continuing Education in Nursing. Volume 12, Number 1, 1981.
- Saudi Embassy (Information Office, Ministry of Information). Washington, D.C., Saudi Embassy, 1986.
- Scriven, M. "The methodology of evaluation" in Perspectives of Curriculum Evaluation. AERA Monograph Series on Curriculum Evaluation, No. 1 (Chicago: Rand McNally, 1967).
- Shea, Gordon F. "Supervising New Employees." Training and Development Journal, 36, No. 1, January, 1982.
- Simerly, R.G. Strategic Planning and Leadership in Continuing Education. San Francisco, California, Jossey-Bass Publishers, 1987.

- Smith, Ralph and Stringham, Reed. "Orientation-The First Step in Employee Retention," Hospital Administration Currents, 17, No. 3-4, September, 1973.
- Steele, S. and Akanbi, D. and Ptak, H. Education evaluation in nursing. Thorofare, N.J., Charles B. Slack, Inc. 1978.
- Steele, S. and Brack, R. Evaluating the attainment of objectives in adult education. Syracuse, N.Y., Syracuse University Publications i continuing education, 1973
- Strother, G. and Klus, J. Administration of Continuing Education. Belmont, California, Wadsworth Publishing Company, 1982.
- Stuart-Siddall, S. and Haberlin, J. Preceptorships in Nursing Education. Rockville, Maryland, Aspen Systems Corporation, 1983.
- Stufflebeam, D. Meta "Evaluation: An Overview." Evaluation and the Health Professional. Vol. 1. No. 2. Summer, 1978.
- Swansburg, R.C. Inservice education. New York, N.Y., G.P. Putnam's Sons, 1986.
- Thomas, C. "Motivational orientations of Kansas nurses participating in continuing education in a mandatory state for relicensure." The Journal of Continuing Education in Nursing. Volume 17, Number 6, November/December 1986.
- Tobin, H.M., and Wise, P.S., and Hull, P.K. The Process of Staff Development. St. Louis, Missouri: The C.V. Mosby Company, 1979.
- Truelove, J. and Linton, C. Hospital-Based Education. New York, ARCO Publishing, Inc. 19 __.
- Verduin, J.R., and Miller, H.G., and Greer, C.E. Adults Teaching Adults. Austin, Texas: Learning Concepts, 1977.
- Yourman, Julius. "Orientation of New Employees." In Improving the Effectiveness of Hospital Management, ed. Addison C. Bennett. New York, Metromedia Analearn, 1972.

MICHIGAN STATE UNIV. LIBRARIES



31293007538345