

**A STUDY TO MEASURE THE EFFECTIVENESS
OF THE W. K. KELLOGG FOUNDATION
AUSTRALIAN NURSING FELLOWSHIP PROGRAM 1979-1983
ON RECIPIENTS**

by

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**A Field Study Report submitted in fulfilment of the requirements for
the Degree of Master of Education in the University of Canberra.**

NOVEMBER 1988

ABSTRACT

This study sets out to measure the effectiveness of the W. K. Kellogg Foundation Australian Nursing Program on the seventy-eight nurses awarded long and short term fellowships between 1979 and 1983.

In order to determine the degree of effectiveness it was necessary to ascertain if the Australian nurses awarded these fellowships achieved the stated aims of the program. The nurses were expected to achieve both personal and professional development through their period of study in the United States and then upon their return to Australia disseminate the results of their study for the benefit of other nurses within Australia.

Evaluations of previous scholarships or fellowship programs showed that certain indicators could be used to measure the effectiveness of programs. These indicators included details of pre- and post-fellowship educational and career path activities. Other indicators used were promotion, attrition rates from the profession, research and publication levels. The major indicator used in this study was an impact or self-assessment statement from the participants as suggested in guidelines from the World Health Organisation (1981) and used in the evaluation of the Executive Development Scheme in 1985.

The methodology of the study was assessed against Warwick and Lininger's (1979) criteria to undertake studies. A number of relevant survey methods were used to collect both qualitative and quantitative data to measure the change.

The results of the study indicate that almost all of the fellows, both long and short term, completed their educational program and, in the case of the long term fellows, gained the qualification sought. A large majority of fellows claimed considerable personal growth. Most were of the opinion that they now enjoy greater status, higher participation and reported that they now earn much larger salaries than before their fellowship.

The fellowship was seen by most as an important contributing factor in their attaining these benefits.

ACKNOWLEDGEMENTS

I wish to thank the Federal Office of the Royal Australian Nursing Federation in Melbourne who authorised access to their files containing unpublished records and letters. These were very useful in documenting the background of the W. K. Kellogg Foundation Australian Nursing Fellowship Program.

Without the inspiration and dedication of the Federal Office in pursuing this program for Australian nurses it would not have been funded and implemented by the W. K. Kellogg Foundation of Battle Creek, Michigan, USA.

I would also like to record my appreciation of the W. K. Kellogg Foundation for its support of this study and to thank my supervisor Dr Robert Irwin of the Canberra College of Advanced Education for his advice and assistance.

Finally my thanks to the College of Nursing, Australia for the letter of support of the study and for mailing out the survey forms to the W. K. Kellogg Foundation Fellows.

GLOSSARY

Australian-American Educational Foundation (AAEF)

The Foundation

The Australian-American Educational Foundation was established in 1964 to replace the United States Educational Foundation in Australia which had from 1949 administered what was known as the Fulbright Program in Australia. The major objective of the Program in Australia is to further mutual understanding between Australia and the United States through educational exchange.

History

On August 1, 1946 the President of the United States signed the Public Law 584 amending the Surplus Property Act of 1944. The amendment was sponsored in the Senate by (then Senator) J. William Fulbright. The Act provided the basic authority for the creation of a program for the exchange of students and scholars between the United States and foreign countries. It allowed credits accumulated by the sale of surplus American war materials in overseas countries to be used as a financial basis for what became generally known as the Fulbright Exchange Program.

In 1949 an agreement was reached by the Australian and American Governments to establish a program of educational and cultural exchange between the United States and Australia. The sum of \$US5,600,000 was provided (representing US Government credits acquired in Australia from the sale of surplus war materials). This sum was expected to provide a minimum life of ten years for the program, but, in fact, investment and comparatively small expenditures in the early years increased the life to 15 years. The early years of the Fulbright Program in Australia were thus wholly US-funded.

When it was seen in 1963 that the funds originally provided would be exhausted by 1965, the Governments of Australia and the United States began discussion designed to provide for the continuation of the exchange scheme. The outcome of these discussions was the signing on August 28, 1964 of a new Bi-national Agreement which set up the Australian-American Educational Foundation, to be funded in equal shares by the two Governments.

Bachelor Degree Awards UG₁

Extract from: STATEMENT NO. 1. NOMENCLATURE AND GUIDELINES FOR AWARDS IN ADVANCED EDUCATION (SECTIONS 5 TO 23) FEBRUARY 1977

11. Courses leading to awards in this category will usually require a minimum of three years' full-time tertiary study or its equivalent. It will be expected that the length, breadth and depth of study of major and supplementary subjects or of related subjects, in an integrated program, will require intellectual effort at normal degree standards over the whole progression of the course. The Council appreciates, too, that the inclusion of a vocationally oriented skills may be an accepted part of degree courses in advanced education. However, the emphasis on the acquisition of skills would normally be less than that which may be accepted in a category UG₂ diploma.
12. In terms of structure, the Council envisages at least two possible types of course leading to a bachelor's degree award.
 - 12.1 One which is based on a central strand which is offered throughout the length of the course and which is accompanied by other subjects which may or may not be taken for the full length of the course.
 - 12.2 One which involves a number of related subjects treated in depth and presented as an integrated program but not necessarily requiring that any one subject be taken throughout the full length of the course.

Category UG₂ - Diploma of Applied Science (Nursing)

EXTRACT FROM: BASIC NURSE EDUCATION: GUIDELINES FOR ADVANCED EDUCATION INSTITUTIONS IN THE PREPARATION OF COURSES, MARCH 1984

1. The Nature of the Course

The course shall consist of three years' full-time study or equivalent leading to a UG₂ award of Diploma of Applied Science (Nursing). It is expected that the course will contain approximately 1,500 hours of correlated practical experience, a significant part of which will be planned as clinical experience within hospitals and health agencies.

The practical component may include a variety of learning experiences. Laboratory sessions normally associated with Applied Science subjects should be organised as part of, rather than in

addition to, the practical component. Simulation techniques could be used in these sessions. However, it is expected that a significant portion of clinical experience will take place in hospitals, health agencies and other appropriate venues. It should be noted that during clinical experience students will not occupy staff establishment positions.

The course must be so designed that diplomates are eligible to apply for registration with the New South Wales Nurses Registration Board.

It would be advisable to include a nominee of the Nurses Registration Board on the College Course Advisory Committee.

College of Nursing, Australia

ROLE AND FUNCTION OF COLLEGE OF NURSING, AUSTRALIA

College of Nursing, Australia is a national organisation of nurses committed to the continuous development of quality nursing practice.

The College of Nursing, Australia cultivates and maintains the highest principles of nursing by:

- . identifying and examining issues and problems relevant to nursing practice and the health of the community.
- . initiating research to seek solutions to those issues and problems.
- . taking action on problems and issues of significance to nursing in particular and the health of the community in general.
- . advising Commonwealth and State/Territory Governments and other authorities on nursing and health issues.
- . acting as a resource at National and State levels by fulfilling an advisory role and providing a consultative service.
- . disseminating information to members on issues of significance to nursing and health care.
- . promoting and facilitating professional development in the areas of clinical practice, administration, education and research.
- . promoting growth in its own organisation.

Commisson on Graduates of Foreign Nursing Schools (CGFNS)

CGFNS QUALIFYING EXAMINATION

The qualifying examination conducted by the Commission on Graduates of Foreign Nursing Schools is recommended to those foreign trained nurses who want to practice professional nursing in the United States. Receiving a CGFNS certificate will indicate to a candidate her likelihood of passing a state licensing exam once she reaches the U.S.

Effectiveness

Effectiveness measures the degree of attainment of the pre-determined objectives and targets of the program. As defined by the World Health Organisation Health Programme Evaluation Guiding Principles, Geneva, 1981, p.17.

Fellowship

Attwood (November 1972) defined 'fellowship' as an umbrella term to indicate leadership training programs, fellowships, grants and internships.

Graduate Record Examination (GRE) United States

1. GRADUATE RECORD EXAMINATION, UNITED STATES

Applicants for M.A. course in the United States will most likely be requested to sit for the GRE. Many American graduate schools use the scores from this exam, together with transcripts of undergraduate work and letters of reference, to determine a candidate's acceptability to that particular institution. The GRE is given five times each year and in major capital cities throughout Australia. From the attached sheets and 1978-79 INFORMATION BULLETIN it can be seen that registration forms to take the test must be received by the Educational Testing Service offices in the U.S. approximately six weeks prior to the examining date. Likewise, it takes a further five weeks or so for the scores to be reported to the examinee and to the universities he has also nominated to receive them.

Results of the Graduate Record Examination (GRE) are required for admission to many graduate schools in the United States. The GRE is composed of two parts, the Aptitude Test and the Advanced Tests. The Aptitude Test is designed to measure analytical skills as well as verbal and quantitative abilities. The Advanced Tests measure knowledge and understanding of subject matter basic to graduate areas, although only one Advanced Test may be taken on each testing date. Both the GRE Aptitude Test and the Advanced Tests are nearly three hours in duration.

W. K. Kellogg Foundation

The breakfast cereal pioneer W. K. Kellogg established the philanthropic foundation which bears his name in 1930 in Battle Creek, Michigan, 'to help people to help themselves.'

A successful broom salesman at age 14 and later business manager of a health sanitarium, Mr. Kellogg, who had a limited formal education, entered the dry cereal business at age 46 in 1906. As his company prospered, he began aiding charitable activities and determined 'to invest my money in people,' culminating in the Foundation's establishment. Mr. Kellogg was interested in the Foundation's operations until his death at the age of 91 in 1951.

From modest beginnings with programs relating to the health and educational needs of children in southcentral Michigan, the Foundation has grown to be numbered among the five largest private philanthropic organizations in the nation. The Kellogg Foundation is committed to the application of existing knowledge to the problems of people in the areas of health, education and agriculture. It currently assists programs on four continents, including the United States and Canada, Latin America, Europe and Australia.

A grant-making organization, the Foundation does not operate programs. It provides financial assistance to organizations and institutions that have identified and analyzed problems and have designed constructive action programs focused on practical solutions.

The Foundation attempts to direct its limited resources to activities that emphasize its founder's philosophy 'to do the greatest good for the greatest number of people' by providing seed money for experimental pilot projects that, if successful, can be emulated by other communities, institutions, or organizations with similar problems to solve.

The Foundation is one of the largest grant giving organisations in America having a capital endowment of over \$US9,000,000. It has grant programs in the US, Canada, Europe and Latin America as well as Australia, in its three areas of interest, health, education and agriculture. Other grant programs in Australia totalling approximately \$Aust3,500,000 have already been funded by the Foundation.

Royal Australian Nursing Federation

THE ROYAL AUSTRALIAN NURSING FEDERATION FEDERAL OFFICE, now called the Australian Nursing Federation (ANF): based in Melbourne, the Federation is the national, professional body for nurses. Its major activities are concerned with evolving the development of the profession and the role of nursing in health care and promoting and protecting the interests of its members.

Tertiary Education Assistance Scheme (TEAS)

A means-tested allowance paid directly to students taking approved courses at Commonwealth funded universities, colleges of advanced education and colleges of technical and further education.

In relation to the eligibility for TEAS of students in tertiary nursing courses, Senator Susan Ryan gave the following answer to a question in the Senate on 16 November 1983:

Courses at Universities, colleges of advanced education and colleges of technical and further education receive automatic Tertiary Education Assistance Scheme approval only if they receive funding from the Commonwealth Tertiary Education Commission. The question of TEAS eligibility will be a matter to be taken up in the context of the (Federal) Government's consideration of the development of basic nurse training following receipt of the [Commonwealth Tertiary Education] Commission's advice.

The name of this program has recently been changed to Austudy.

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CHAPTER ONE

BACKGROUND TO THE STUDY

INTRODUCTION TO THE STUDY

This study sets out to measure the effectiveness* of the W. K. Kellogg Foundation Australian Nursing Fellowship Program on the seventy-eight nurses awarded these fellowships between 1979 and 1983.

In order to determine the degree of effectiveness it will be necessary to ascertain if the Australian nurses awarded this fellowship achieved the stated aims of the program. The nurses were expected to achieve both personal and professional development through their period of study in the United States and then upon their return to Australia disseminate the results of their study for the benefit of other nurses within Australia. The context for the study is the education of nurses in Australia and the involvement of the W. K. Kellogg Foundation (see Glossary). Recommendations and developments in the education of nurses highlight the expectations for the Fellowship Program.

What have these Australian nurses achieved since their return from their educational experience in the United States? Have these nurses encountered any problems with the dissemination of results of their study program?

A former executive officer of the Australian-American Educational Foundation (AAEF) stated he would expect these nurses on their return to occupy leadership positions in nursing within five years. This is the first indication that the stated aim by the W. K. Kellogg Foundation did not impose a time limit in which to measure success of the program.

Seventy-eight Australian nurses were awarded the fellowship but in order to determine the personal and professional progress of these nurses it is necessary to discuss the context in which this program first evolved in Australia and then in America. Nurses in Australia during this period were campaigning vigorously through professional organisations to take initial nurse training to the tertiary sector and shed the yoke of the apprenticeship model. Reviews of nursing in Australia showed that the retention of schools of nursing or regional grouping of schools of nursing could not be supported on economic or educational grounds.

THE EDUCATION OF NURSES IN AUSTRALIA 1943-1985

Sax (1978) reviewed all the previous studies into nursing in Australia, the first being the Kelly Report (1943) in New South Wales that succinctly stated that:

...nurses' practical training is not organized at present, instruction given in many cases being casual and uncorrelated, with the result that the education of the nurse is often sacrificed to the requirements of the hospital. The position requires reviewing as a whole in order that the old system of apprenticeship may be abandoned and replaced with a system of training based upon some educational principles (Sax, p.9).¹

Then in 1970 Truskett in the Report of the Committee Appointed by the Minister for Health to Inquire into the Education of Nurses recommended that 'nurse education in New South Wales should be taken out of the narrow hospital environment with the emphasis on service' and be 're-oriented towards an education program of tertiary quality in which service and education are under the direction of an appropriate Education Authority.' (McGrath, p.1.)²

As well this report recommended courses in colleges of advanced education or universities, or in independent regional schools if advanced education courses were not available. In 1970 advanced education courses were not available in all areas of New South Wales. This forward looking report stated that scholarships and financial support for nurses during education were also recommended (Sax, p.11). The number of colleges of advanced education expanded after 1974 and increased when the funding responsibility for tertiary education was accepted by the Commonwealth Government (McGrath, p.1).

Developments at the Western Australian Institute of Technology

The Western Australian Institute of Technology (WAIT) in 1974/75 proposed an integrated degree/nursing program designed for students who wished to combine an academic education with registration as a general nurse. However, the Federal Government body responsible for the funding of programs in colleges of advanced education, namely the Commission on Advanced Education (CAE), refused to provide funds for a degree program (see Glossary). The Commission advised that funds would be approved for a pre-service nursing program only if such a

program was conducted at diploma or UG₂ level (see Glossary). The Commission on a number of occasions did indicate its willingness to consider for approval, a degree course for registered nurses.³

In correspondence dated 21 January, 1975, the Commission advised the Western Australian Institute of Technology:

In the field of nursing it would seem to be appropriate for a two tier structure of course to be developed and for entry to the second tier to be available to nurses whose basic training was not obtained at a college. It was noted that in part this matter was covered in your proposal.

There seems no reason why a course could not be developed which would be of the "diploma to degree conversion" type which students undertook after a period of employment and which, with appropriate bridging units, could be available to all nurses. The Commission was aware that WAIT offers a range of other courses for experienced nurses and thus a course of this kind would seem to fit into the total development of WAIT's programme, and that opportunities exist for WAIT to develop a degree level course, if it wishes to do so on a two tier pattern. (p.2.)⁴

A small deputation from the Royal Australian Nursing Federation (hereafter, RANF) (see Glossary) members met on 11 March 1975 with the Chairman of the Commission on Advanced Education to discuss the needs for nurses to obtain higher education and the proposal from Western Australia to enable them to fulfil their contemporary role.

The Chairman formally wrote to the RANF on 21 May 1975 advising that the Commission had considered the question of the course once more and resolved that it was not willing to approve a four-year pre-service course in nursing for the Western Australian Institute of Technology. This decision did not preclude the Institute from planning its diploma course leading to the award of a degree.

Registered nurses are granted advanced standing and may complete the program in two academic years of full-time study or the equivalent part-time study. Credits offered to nurses are considered on an individual basis depending upon previous knowledge, experience and tertiary education completed.

The degree program at WAIT was approved by the appropriate educational authorities at both state and national levels. The Investigating Panel, appointed to accredit the program in September 1976, recommended that the course be accredited at the Bachelor's Degree (UG₁).

When the Western Australian Post Secondary Education Commission (WAPSEC) replaced the Western Australian Tertiary Education Commission in December 1976, the new Commission indicated its support in correspondence (April 1977) and recommended that the post-experience course in Nursing at WAIT be approved and that the award be Bachelor of Applied Science. (p.3.)⁵

The Western Australian Post Secondary Education Commission resolved to support the two year post-experience course leading to a bachelor degree. It also raised the alarm for the urgent resolution of this problem as some of these students could qualify for graduation at the end of 1977 and the nature of the award therefore had to be determined. Western Australia had taken the initiative in providing professional education at the tertiary level with an integrated nursing degree program and the Investigating Panel comments for accreditation reiterated the following:

...The inter-disciplinary involvement of the Department of Nursing with other departments offering three-year degree courses leads us to the logical conclusion that the nursing programme is indeed comparable. It warrants classification at the UG₁ level thereby affording the Department an opportunity to establish a truly impressive contribution to nursing education in this country. The specific strengths of the programme are its flexibility and its economic use of resources.

- (i) concedes that the Commission, in the exercise of its accrediting powers, may accredit the courses at the Diploma (Category UG₂) level, but such action would be counter to the unanimous view of the Panel and inconsistent with the nature and standards of the programme;
- (ii) strongly recommends that the courses be accredited at the Bachelor's Degree (Category UG₁) level, in the Bachelor of Applied Science category.⁶

The Australian newspaper (27 April 1978, p.2), reported that thirty-six nurses refused to attend the graduation ceremony from WAIT as they had been awarded a diploma (UG₂) instead of the Degree Bachelor of Applied Science (Nursing) that they had successfully completed. 'They refuse to accept anything less than the degree to which they are entitled.' This stance was supported by the Federal Council of the Royal Australian Nursing Federation.⁷ Nurses perceived this as a denial of justice, discriminating against the nursing profession. It was an attempt to deny nurses access to higher education to increase their professional and personal development.

Developments in Nursing in New South Wales

The professional groups and the official reports of the State Governments supported the move to college-conducted basic nursing education programs. The most crucial factor for making the change to a diploma program (UG₂) was 'to facilitate programs that enabled

the student to use a problem-solving approach to the practice of nursing incorporating biophysical and behavioural sciences into clinical and field experience' (McGrath, p.2).

Then between 1974 and 1977 six pilot courses in basic nursing education were established in colleges of advanced education in Australia. These courses were established at the College of Nursing, Australia, and moved to the Preston Institute of Technology, Melbourne, now the Philip Institute of Technology, in 1976, the Sturt College of Advanced Education, Adelaide, and the Western Australian Institute of Technology, Perth. In New South Wales the Cumberland College of Health Sciences in Sydney and the Riverina College of Advanced Education took their first students in 1975 and 1976 respectively (Sax, pp.3-4).

Each State, except Tasmania, established one or more post-certificate college courses for registered nurses in nursing education or nursing administration. Proposals for basic nursing courses were submitted for approval to the Higher Education Board in 1977. However, these initiatives were curtailed when the Commonwealth Minister for Education, Senator John Carrick, stopped the introduction of additional nursing courses in colleges and established on 23 September 1977 the Sax Committee of Inquiry into Nursing Education and Training, under the auspices of the Tertiary Education Commission (Section 39) to advise the Commission on possible developments and changes in nurse education and training, including whether such education should take place in hospitals or educational institutions, or both (Sax, p.1).

Historically the education and training of registered nurses and nurses-aides in Australia has been modelled on the apprenticeship system. It was standard practice for approved hospitals to accept student nurses as paid employees who are rostered as part of the regular work force and given training in both skills and knowledge. The hospitals administer and are responsible for an educational program for the student nurses who are examined by external assessment by Nurses Registration Boards that are state statutory authorities (Sax, p.3).

The Report of the Sax Committee was presented to the Tertiary Education Commission in August 1978 and was subsequently considered by the Federal Government.

There were twenty-two recommendations but the Federal Government was only prepared to support seven of these, namely:

The qualitative improvement of nurse education and training through the up-grading and rationalisation of hospital-based nursing schools.

Development of co-operative arrangements between hospital schools and tertiary institutions, including the accreditation of the awards of hospital-based schools where appropriate.

The continued evaluation of and experimentation with the existing pilot courses in colleges of advanced education - the present levels of intake are stated as providing an adequate basis for comparative evaluation.

If considered necessary the Tertiary Education Commission expand its present limited evaluation study following consultation with the Commonwealth and State Health Authorities.

The development and improvement of post-basic programmes in colleges of advanced education e.g. degree level courses, upgrading of nurse education courses.

Entry requirements for post-basic courses to be the responsibility of colleges concerned in consultation with state authorities.

All nursing aides to be prepared in hospital-based schools of nursing (McGrath, p.2).

Confusion followed as some of those recommendations were inconsistent with State policy on tertiary education development. McGrath reported that in fact no State agreed to accredit the awards of hospital schools. As expected there was considerable controversy regarding the demand for changes to nursing education (McGrath, p.3).

The New South Wales Government in 1977 adopted a policy of early transfer of responsibility for nurse education to the Minister for Education. This was a major shift in ministerial responsibility. The policy stated that the assumption of overall control of nurse training by the Minister of Education should be a gradual process and that in line with the 1974 Report of the Nurses' Education Board of New South Wales, 'there should be plurality of opportunities whereby preparation may be undertaken for registration as a nurse' (McGrath, p.3).

McGrath reported that:

- there were significant changes in the provision of basic nursing education programmes in New South Wales, due to the development of group and regional schools and the introduction of contractual arrangements with colleges of advanced education
- internal arrangements in New South Wales made possible the transfer in 1981 of all basic nurse education in the Riverina and Murray health regions into the Riverina College course. From 1981, hospital schools ceased recruitment of new students, and by 1983 hospital schools in these Regions had ceased to function as general nurse training schools

- there was significant progress towards the transfer of responsibility for nursing education from the Minister for Health to the Minister for Education, as this transfer had already been effected in seven health regions. In these regions, management structures (Councils/ Committees/Boards of Management) had been established and were responsible to the Minister for Education for planning and conducting nurse education programmes in the region. The membership of the management structures were representative of health and education institutions and of the community
- the Higher School Certificate (or equivalent qualification) was adopted as the minimum entry level into nurse education programmes from 1980
- tertiary level courses for nurse administrators, nurse educators and courses in clinical nursing were expanded and upgraded. (pp.3,4)

The education of nurses was under review in New South Wales between 1977 and 1982. The following options were being analysed:

- retention of hospital schools,
- expansion of regional/group schools, and
- using the Technical and Further Education institutions for nurse education

The major groups examining these options were:

- the Inter-Departmental Committee for the Implementation of NSW Government Policy on Nurse Education
- the Nurse Education Board of NSW
- the New South Wales Department of Health
- the nine regional based committees; and
- a committee representing the Catholic health education sector.

The analysis of these bodies of the implications of alternative options indicated that it was undesirable to maintain the existing system of nursing education. All these reviews and investigations indicated that the retention of hospital schools of nursing and/or group regional schools of nursing could not be supported on educational or economic grounds.

The deficiencies of the existing training systems continued to be re-stated, namely:

- inadequate service release time
- service demands of the institution taking precedence over the educational needs of students
- non-integration of theory and practice
- isolation from general education, and
- the lack of relevance between the educational programs; and the need for services in such fields as community health, geriatrics and preventive health programs (McGrath, p.4).

Graduates of nursing programs receive a certificate which is issued to those who satisfy the requirements stipulated by State authorities. The certificate as awarded does not confer advanced standing in courses conducted within the tertiary educational system (Sax, p.18). The registration or enrolment of nurses was the responsibility of the nurses registration authority in each state or Territory. The register in most states has a separate division for specific qualifications such as general nurse, midwife, mental health nurse, and mental retardation nurse. There is no national roll,

although registered nurses can register in other States despite the fact that there is no common core curriculum, and that pre-requisites and length of training varies from State to State (Sax, p.53).

A 1982 study by an Inter-Departmental Committee for the Implementation of New South Wales Government Policy on Nurses Education confirmed that hospital-based programs were a very expensive means of training nurses. Even the costs of upgrading the existing system were a great concern. Direct educational costs to the hospitals included salary and salary-related costs for students whilst on service release (for study blocks and clinical experience not available at the 'home' hospital) as well as the direct costs of organising and maintaining the schools of nursing.

The various committee reports pointed out that even the most cursory consideration of nurse education showed that it is very difficult to achieve a stable staff within wards and departments while at the same time providing for rotation of employee student nurses through those clinical areas. A further problem occurred with the rationalisation of hospital facilities. Hospitals which traditionally had large training schools were now treating a patient population more acutely ill and suffering from more complex conditions than formerly. The various reviews and investigations showed that in the large specialised hospitals very ill patients were being cared for by students, while the peripheral hospitals caring for less acutely ill patients, had few or no students on their staff. An associated educational problem was identified. How appropriate is it for nurses during their basic training to receive virtually all their clinical experience within one of these acute highly specialised hospitals? (McGrath, p.4.)

The State Premier of New South Wales wrote in July 1982 to the Ministers of Health and Education asking for a statement on nurse education policies to be prepared. Subsequently a working group of

officers was set up to analyse the options proposed. The criteria used to evaluate the options were:

- cost effectiveness of the education programs
- improved efficiency and quality of health services, and
- achievement of State Government and nursing profession goals.

The New South Wales State Government agreed to use health funds, currently being expended on hospital-based nurse education, to contract with colleges of advanced education to provide diploma-level (UG₂) basic pre-registration programs.

A committee appointed in Queensland to advise on desirable developments in nursing education made a bold decision in 1976 that basic nursing education required three years full-time study at UG₂ level and that such study should be undertaken in colleges of advanced education (Sax, p.13). However, the Queensland Cabinet (March 1977) stated that Queensland should not embark on basic courses in colleges of advanced education while there was no agreement or commitment by the Commonwealth to long-term funding (Sax, p.13).

Further costings and investigation of administrative arrangements were undertaken and in April 1983 the New South Wales Cabinet endorsed the proposal in principle, pending the Commonwealth's position with regard to the eligibility of students in health-funded nursing courses for the Tertiary Education Assessment Scheme (TEAS) (see Glossary). Clarification of this matter was not forthcoming and the NSW Minister for Health announced on 7 November 1983 that New

South Wales would lead the way and important changes to advance the profession of nursing were to be made, namely:

- the transfer of basic education from hospitals to colleges of advanced education from 1 January, 1985
- the funding of a Master of Nursing Administration Course at the School of Health Administration, University of New South Wales
- a total of 7,500 student nurse positions would be developed in colleges of advanced education over three years from 1985
- the new training should allow nurses to take a greater professional responsibility in the health care system.^a

No State government in Australia, thus far, had transferred all nurse education to the colleges of advanced education because of the cost. However, the Minister stated that the New South Wales Government would pay the full costs of the transfer. This change would be the greatest advance in nurse education in the history of nursing in Australia. This announcement in November 1983 by the New South Wales Government was the culmination of many enquiries and the exploration of options over a period of seven years.

On 10 November, 1983 the NSW Minister for Education announced the establishment of a Planning Group to implement the transfer of training of nurses from hospitals to colleges of advanced education. The Planning Group would formally consult with a wider range of

relevant industrial, professional health and education organisations (McGrath, Appendix 2). However, there were concerns that the New South Wales Government had moved too early and that this move would jeopardise the orderly transfer of nurses throughout Australia to the tertiary education system especially with regard to funding courses in colleges of advanced education, particularly the issue of the eligibility of student nurses, for funding by the Tertiary Education Assistance Scheme.

Against this background of activity the Federal Secretary of the Royal Australian Nursing Education began negotiating with the W. K. Kellogg Foundation in March 1977 for a grant to assist nursing in Australia.

W. K. KELLOGG FOUNDATION AUSTRALIAN NURSING FELLOWSHIP PROGRAM

Royal Australian Nursing Federation (RANF) Proposal, 1977

Following discussions with an American Associate Professor, Wilma Hunt, from Pennsylvania State University, United States, the Federal Secretary of the RANF wrote to the W. K. Kellogg Foundation (hereafter, the Foundation) in March 1977 suggesting that a grant be made to assist nursing in Australia, priority being given to changes in nursing education and research. The joint policy statement issued in 1976 by the RANF, College of Nursing Australia (see Glossary) and the Florence Nightingale Committee recommended that by 1985 all basic nursing programs were to be conducted by multi-discipline education institutions at a level not less than a tertiary diploma (UG₂) and

provide both breadth of education and comprehensive nursing preparation. Considerable controversy was aroused by the determination of nurses to bring about changes seen by nurses to be appropriate to the changing needs of health services. Research was required particularly into the utilisation of personnel and the benefits, or otherwise, for patients and clients of different staffing patterns and different approaches to the provision of nursing care.

To meet this responsibility the RANF identified that there was a need for a 'cadre' of one hundred nurses prepared in advanced nursing programs to meet the responsibilities of this change. 'There is a need to send a selected group of nurses to the United States and Canada for studies at selected universities.'

The RANF estimated that the cost of this project was \$Aust1,950,000. It was suggested that twenty nurses would be selected annually for five years, running the total life of the expenditure over a period of approximately eight years. To offset some of the costs of this project and research, the RANF had considered establishing a Foundation to attract funds free of gift duty in accordance with Section 78 of the Income Assessment Act.

The Kellogg Foundation was interested in the development of broadly based fellowship activities in Australia in agriculture, education and health. In health they would assist a wider variety of health professional education programs. The Foundation had a long-standing

interest in the field of nursing and provided support for programs in the United States, Canada and Latin America.

Staff from the Foundation visited Australia in June 1977 to give them a greater understanding of nurse education and practice in Australia and to review the needs of health sciences within the colleges of advanced education. As a result of this visit it was determined by the Vice President - Programs of the Foundation that nursing did represent a priority area.¹⁰ Whilst in Australia discussions also took place with representatives of Colleges of Advanced Education that conduct programs in the health sciences as well as nursing. In June 1977 the RANF wrote to Senator Carrick to inform him of negotiations with the W. K. Kellogg Foundation and the Foundation's interest in receiving a submission from RANF along those lines.¹¹ The Federal Secretary of RANF suggested discussions with the Chairman of the Tertiary Education Commission and possibly the Australian Council on Awards in Advanced Education. Senator Carrick, in a recent statement, gave notice that no new programs for nursing would be funded in colleges of advanced education and no existing programs would be expanded due to budgetary constraints. The State branches of the RANF were notified of the W. K. Kellogg Foundation proposal in July 1977.

Australian Conference of Principals of Colleges of Advanced Education Proposal, 1977

Representatives from the colleges of advanced education that conducted nurses education programs met in Perth in July 1977. Some

confusion had arisen as the Schools of Health Sciences in the colleges of advanced education saw that the initial purpose of the Nursing fellowships was to meet the needs for staff in Colleges. The Foundation Vice President - Programs stated in August 1977 that the Foundation did not regard the fellowship program for nurses being contingent upon the submission from the school of health sciences.^{12,13} In November 1977 at the Australian Conference of Principals of Colleges of Advanced Education it was resolved to ask the W. K. Kellogg Foundation to provide Fellowships in Allied Health Sciences.¹⁴ The colleges were keen to support programs devoted primarily toward strengthening existing and planned college programs. The Sax Report (p.120) recommended an improvement and expansion of courses for nurse education and that these should be given a high priority in scholastic institutions that have expertise in the education of adults. In general, there is a reported shortage of fully qualified nurse educators, and this issue was also identified in the Sax Report (p.27). These data are set out in the following Table.

Table 1: Distribution of Nurse Educators State by State in Australia (1978)

	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	TOTAL
Number Employed	684	314	226	244	118	47	35	15	1683
Qualified	296	159	91	108	57	18	21	7	757
Percentage (Qualified)	43%	51%	40%	44%	48%	38%	60%	47%	45%
Unqualified	388	155	135	136	61	29	14	8	926

Source: Sax, Nurse Education and Training Report of the Committee on Inquiry into Nurse Education and Training to the Tertiary Education Committee, August 1978, pp.27-30.

Dr Miller, Principal, Cumberland College of Health Sciences in New South Wales, summed up what he saw as the problem for nursing and higher education and the comments from the Foundation: in making changes to nursing education in Australia it is essential to prepare registered nurses in what he called 'upper level' baccalaureate programs so that most experienced registered nurses can continue to accept leadership positions.

This issue is the most important issue as it raises the appropriateness of granting undergraduate awards for what is essentially post-graduate study. The situation is even more complex when the case of professional qualifications and further studies in education or administration are combined to provide an undergraduate award other than in the area of professional preparation.

It would seem that an alternative strategy which must be considered is the provision of degree programs for basic nursing with the opportunity for registered nurses to receive admission to the programs through advanced standing arrangements rather than by attempts to utilize registration and further study in education or administration to achieve baccalaureate status.

Such a move as suggested by the W. K. Kellogg Foundation may be based on the assumption that it is the "degree" itself (the testamur) which provides the "leadership" potential rather than the educational program which justify its award.¹⁵

Further, Miller stated that should there be a lack of educational parity between the special 'upper level' degree and the award held by the graduates of basic nursing courses (UG2 or UG1), then there would almost certainly be disparities in post-graduate academic competence. Such a situation would seem to defeat the very notion of leadership as suggested in an upper level baccalaureate for registered nurses.

In March 1978 the Australian Conference of Principals of Advanced Education wrote to the Foundation seeking clarification of an issue: 'that the college principals would like to greatly encourage the Foundation to support a program embracing the general health sciences and the RANF would not wish the program for nurses to be jeopardised by time-consuming discussions on how other health sciences might be included in a general program which your program is prepared to support.' If the Nursing Program is to have the greatest impact:

the educational institutions will need to be fully involved in the negotiations that determine the conditions applying to the awards. Such matters as length and time for release of staff, the number of people who might benefit from participation and the value of particular types of projects

...the greatest impact would be achieved by a program limited to staff and students of institutions involved in the preparation of professionals in the relevant fields together with staff in the clinical programs associated with those institutions.

It would also be helpful to know whether you see a nursing fellowship as separate from any covering the general health science field or you see it as the first part of a unified program of some kind.¹⁶

It appeared as though the Australian Conference of Principals of Colleges of Advanced Education wanted clarification as to whether the proposed nursing program jeopardised the wider program for health science personnel financially or in determining the nature of fellowships allocated for other personnel.

In February 1978 the Secretary of the RANF wrote to the Foundation that problems still existed: 'for some reason, people see the RANF as pushing a "partisan barrow" in our efforts to create opportunities for nurses to undertake further study, the main argument being that

not everyone agrees that this is the right direction for nursing to go.¹⁷ Attempts were still being made in January 1978 to limit the proposed program to only cover nursing faculties in colleges of advanced education. RANF offered to market the Fellowship program in the Australian Nurses Journal that reaches at least 30,000 of the estimated 60,000 registered general nurses in Australia.

Guidelines for the Proposed W. K. Kellogg Foundation Nursing Fellowship Program

In August 1978 at the first meeting of the Working Group, established under the auspices of the RANF to develop Guidelines for the proposed W. K. Kellogg Foundation Nursing Fellowship Program, the Federal Secretary reported that:

RANF saw the proposed programme as integral to the Goals in Nursing Education programme which was being undertaken by the three national nursing organisations - RANF, College of Nursing, Australia and National Florence Nightingale Committee, Australia - and the New South Wales College of Nursing. The Director of the College had given considerable assistance in various stages of the proposed Fellowship programme.¹⁸

The primary goal was for all basic nursing programs to be comprehensive in nature, at an undergraduate two level (UG₂) and within the tertiary education sector by 1985.

It is noteworthy that the Tertiary Education Commission declined an invitation to participate in the Working Group.

Role of the Australian-American Education Foundation (AAEF)

The Foundation negotiated and agreement was reached in principle, that the administration of the Nursing Fellowship Program would be undertaken by the Australian-American Educational Foundation (AAEF), Emeritus Professor Rod Andrew being the nominee without prejudice, awaiting the outcome of a final decision between the AAEF and the Foundation.

The agreement, in principle is subject to certain matters being resolved to the satisfaction of the Board of AAEF:

- . the outcome of Sax Committee [set up in February 1978]; and
- . the development of guidelines "acceptable to all bodies in Australia with a legitimate concern for the advancement of the nursing profession" (Working Group Meeting Notes, 18 August, 1978, p.1).¹⁹

Professor R Andrew then outlined the main factors which AAEF would see as important to the conduct of a Fellowship Program, indicating that AAEF had long experience in the administration of the bi-laterally funded inter-governmental exchange program.

Professor Andrew's information included the following points:

- . In the case of the Fulbright Awards, only a small proportion of applicants receive grants.
- . This success rate was determined largely by the rigorous standards of excellence in academic achievement required.
- . Although academic requirements and opportunities in Australia for nurses were in no way comparable with requirements and opportunities available to applicants for Fulbright Awards, nonetheless, the Nursing Fellowship programme should be conducted within a

framework of excellence relevant to education opportunities available in Australia and health service requirements. Selection procedures must provide for the highest probability that the best and most appropriate nurses will be successful.

- . If the AAEF were to undertake administration of Kellogg Programmes in Australia, recommendations to the Kellogg Foundation would need to be made through the normal channels which involve both the Australian and American Governments. (Working Group Meeting Notes, 18 August, 1978)²⁰

The Foundation wrote in August 1978 that they had asked the Australian-American Educational Foundation to enter into a contract to administer funds relating to the meeting of a working group that would develop guidelines concerning the nomination of nurses to participate in the W. K. Kellogg Australian Fellowship program in the area of nursing.²¹

Role of W. K. Kellogg Foundation, Battle Creek, Michigan, USA

The Federal Secretary of the RANF twice visited the W. K. Kellogg Foundation, Battle Creek, Michigan, USA, once in 1977 and then in November 1978 to look at entry requirements and the level of financial and administrative support for the Nursing Fellows. More importantly RANF hoped to ascertain the criteria for short term fellows that the W. K. Kellogg Foundation saw as being useful in meeting short-term needs. Short-term fellowship would be for varying periods of time according to the needs of program development in Australia. Such short-term fellowships are extensively provided by the Foundation in America, in order to respond quickly to educational needs.

For entry into American Universities for Masters Programs the Australian nurses would have to successfully complete:

- . the American Graduate Record Examination (GRE) Standardised Admission Test (see Glossary); and

- . the examination of the Commission on Graduates of Foreign Nursing Schools (CGFNS) (see Glossary) who want to practice professional nursing in the United States. The CGFNS maintained that 'success in their examination indicates that a candidate is likely to succeed in passing the state licensing examination to practice nursing in that particular state.'

As a result of the meeting at Kellogg Foundation in Battle Creek it was agreed that:

Applicants for study in a higher degree program will be required to have completed at least a post-registration nursing diploma and a baccalaureate degree in a related discipline.

It was recognized that the requirement could limit initially the pool of potential applicants, but given the number of nurses in Australia undertaking or seeking to undertake baccalaureate study, once the condition becomes known such nurses could be encouraged to complete their studies.

When the nursing degree programs are approved in Australia these guidelines can be changed to include nursing degrees.²²

Further, it was agreed that there was a need to ensure that short term fellowships provide specific purpose short term study opportunities whilst avoiding proposals for short term study that may be seen as 'Cook's Tours'. These short study programs should be

viewed as continuing education. Further, it was decided to continue with the idea of restricting the schools participating to facilitate getting the Fellowship program underway.²³

The Deans of the five nominated schools of nursing from US Universities met to determine eligibility and the student numbers they could accept (Appendix 1). There were many areas where the Deans would need to make judgements about the quality and standards existing in nursing training programs in Australia.

It was decided that the working group in Australia would be ongoing under the aegis of the AAEF and they would evaluate the program including:

- . Are the designated sites providing the needed training?
- . Is the selection process appropriate?
- . Is the training being used upon return to Australia?

Role of the Australian Nursing Advisory Group

In December 1978 the former working group established by the RANF formally became the Australian Nursing Advisory Group. In January 1979 the AAEF accepted a grant of \$Aust35,350 for administrative costs and in April 1979 announced it was to act on behalf of the W. K. Kellogg Foundation to set up:

- . the Kellogg Nursing Fellowship Advisory Group Committee,
- . organisation of the Regional Selection Committee for each State/Territory, and
- . a National Selection Committee to make recommendations to the W. K. Kellogg Foundation in Battle Creek, Michigan.^{24.25}

The Board of the AAEF reported in April 1979 to the members of the working party (the Australian Nursing Advisory Group) that the following matters were being progressed:

- ...the timetable for the procedures of selecting and approving the first recipients of the fellowships. It expected that the first short term fellows will leave for the United States late 1979 and the first long term fellows will leave in 1980;
- the setting up of the Regional and National Selection Committees is underway and the application forms and information brochure are almost completed.²⁶

The first advertisement for the Fellowships appeared in The Australian on Saturday 15 July 1979 and on Wednesday 19 July 1979 and in nursing journals, The Australian Nursing Journal and the journal of the NSW Nurses' Association, The Lamp.²⁷ (See Appendix 2.) Further information and application forms were available from AAEF and were sent out on request (see Appendix 3).

On 24 April 1980 at a reception at Government House, Canberra, the Governor-General of Australia, Sir Zelman Cowen, received the first eleven nurses (9 female, 2 male) awarded the W. K. Kellogg Australian Nursing Fellowships to study in North America.²⁸ (See Appendix 4.) A Press Release was issued from the Australian-American Educational Foundation announcing the Fellowships. (See Appendix 5.)

AIMS OF THE FELLOWSHIP PROGRAM

The W. K. Kellogg Foundation Australian Nursing Fellowship Handbook sets out the program's aims as follows:

The broad aims of the Fellowship are: firstly, to offer such nurses the opportunity to further their personal and professional development through a period of supervised study and clinical experience in the different social and professional environments of North America.

Secondly, to encourage them to make the results of their study and experience as widely available as possible on their return for the benefit of other nurses and the profession as a whole (May 1981, p.1).²⁹

Background of the Study

Since 1979 seventy-eight Fellowships have been awarded. Approximately thirty-seven scholarships were awarded for short-term Fellowships at a conservative estimate of \$US550,000. The forty long-term Fellowships could be estimated to cost \$US1,880,000. Administrative costs could be estimated at \$US1,000,000. The Royal Australian Nursing Federation Federal office estimated the cost of the program would be \$Aust950,000 in their original submission.

Significance of the Program

The total estimated cost of the program if the costings were based on the benefits provided for the fellows would therefore be \$(US)3,430,000 or \$Aust3,700,000 in round figures (see Appendix 6). The program could be regarded as very generous. The only formal requirement for the Foundation at Battle Creek is the submission of a

report by the recipient of the scholarship. The Foundation preferred recipients to submit the report before they left the United States for Australia.

So far there has been no formal evaluation of the program by the Foundation, the RANF or any of the recipients.

STATEMENT OF THE PROBLEM

This study seeks to determine:

- Whether the broad aims of the W. K. Kellogg Fellowship Program have been achieved?
- Whether the Australian nurses awarded these scholarships achieved both personal and professional development through their period of study in the United States
- Whether the Fellowship recipients on their return to Australia have been able to disseminate the results of their study programs within Australia?
- The degree to which the desired objectives were met as a result of the planned intervention, namely by the W. K. Kellogg Australian Nursing Fellowship Program.
- The effectiveness of the program both for the long term and short term recipients.

- The effectiveness of the program, that is to what extent the intervention achieved the aims stated.
- The relationships between the outcomes and the intended goals of the program.
- Some comment on the unintended consequences of the program.
- What Australian Nurses have achieved since their return from their educational experience in the United States?
- Whether these nurses encountered any problems with the dissemination of information about their study programs on their return to Australia?
- If the nurses upon their return find obstacles to the dissemination of information or to their career advancement will they find alternative employment or seek other opportunities, for example further studies?

CONCLUSION

This study set out to evaluate the effectiveness of the W. K. Kellogg Foundation Australian Nursing Fellowship Program on the 78 recipients from 1979 to 1983. 'Effectiveness' was defined as the degree of attainment of the aims of the program. The aim was identified by the Kellogg Foundation as assisting Australian nurses to further their personal and professional development through a period of study in

the United States, then on their return to make the results of their study widely available for the benefit of other nurses.

In order to measure the effectiveness of the program, it was necessary to examine the context of nursing in Australia, the effectiveness of other fellowship programs and the indicators of effectiveness in studies of those programs. Indicators could then be selected to compare the achievements and activities of the recipients pre- and post-fellowship. This study sets out the selection and use of the indicators to measure the changes in the recipients of the program.

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CHAPTER TWO

SEARCH FOR INDICATORS TO MEASURE THE EFFECTIVENESS OF THE W. K. KELLOGG FOUNDATION AUSTRALIAN NURSING FELLOWSHIP PROGRAM 1979-1983 ON RECIPIENTS

The history of nursing in Australia and the barriers that existed for nurses to achieve tertiary education status were examined in Chapter One. The W. K. Kellogg Foundation Australian Nursing Fellowship Program 1979-1983 was set up to facilitate opportunities for Australian nurses to study in the United States and Canada, to achieve both personal and professional development.

In order to measure the effectiveness of the Program a range of indicators will have to be determined by examining previous studies of nursing and evaluation of programs:

- The Australian Bureau of Statistics (ABS) collects census data on nursing so the data for 1981 and 1986 would be compared to see if changes in the initial training patterns for nurses were occurring within Australia.^{31.32} This data would then be compared with data from America on nursing to see if these trends were similar.³³

- A National Survey of Nursing Personnel was undertaken between April and August 1978 by the Committee on Nursing Personnel Survey.³⁴

- A major study in the Australian Public Service was undertaken by the Equal Employment Opportunity (EEO) service wide and data were collected on nurses in the Public Service in 1986. A comparison of average salaries between nurses and other professions would be made using this data.³⁵

This information is needed to determine if the planned intervention, that is the fellowship program, had any effect on the recipients of the fellowship.

Finally a literature review was undertaken to see if any major studies had been carried out to measure the effectiveness of scholarships or fellowship programs on their recipients. These studies might give leads to some indicators which could be used to gauge the impact of the W. K. Kellogg Fellowship Program. Another factor that would be examined was the cost of the program.

PROFILE OF NURSES IN AUSTRALIA 1978-1986

The Australian Bureau of Statistics (ABS) 1981 and 1986

The ABS collects census data of population and housing and data on characteristics of persons qualified or employed as nurses. The 1981 and the 1986 Census solicited this information by asking the question: 'has the person obtained a trade or any other qualification since leaving school?'

Please print details of highest qualification obtained in school in the following:

Qualification Name
 Name of Institution
 Field of Study
 Year Obtained

In 1981 there were 3790 nurses employed by the Australian Government, 60 414 employed by state governments, 852 by local governments, 43 503 in the private sector, 42 820 in occupations other than nursing, 4595 unemployed, 3209 whose employer was not stated and 83 246 who were not in the workforce, making a total of 242 429 qualified as nurses. (1981 census figures, Table 2).³⁶

Of these, 141 982 were registered nurses and 3760 were directors of nursing.

Table 2: Persons Employed as Nurses, By Level of Qualification Comparison of 1981 and 1986 Census Datas

*Level of	Male	Male	Female	Female	Total	
Qualification	1981	1986	1981	1986	1981	1986
Bachelor Degree	55	146	531	1181	586	1327
Diploma	470	489	5570	4873	6040	5363
Certificate	10702	14275	225050	262956	235752	277232
Not Classifiable	10	4	41	8	51	12
Total	11237	14914	231192	269018	242429	283934

*Includes enrolled nurses (nurse aides) and post-basic certificates.

Source: (i) Nurse Workforce 1986 Health Workforce Information Bulletin No. 13 Australian Institute of Health, Australian Government Publishing Service, Canberra, p.9.

(ii) Nurse Workforce 1981, Table A.

Examination of Table 2 indicates that, in the five year period, while there were more nurses with degrees, there were fewer diplomates, indicating that the latter were upgrading to degree status. When the

total number of diplomas and degrees for 1981, 6626, is compared with the total in 1986, 6680, there is only an overall increase of sixty-four persons. This is an increase of less than one per cent (1%) over five years. Nurses employed in the health industry were classified as para-professionals in the 1986 Health Workforce Information Bulletin No. 13 - Nurse Workforce 1986.

In 1978 there were 1683 nurse educators employed in Australia (Sax, pp.27-30) (see Table 1, p.18) and of these 757, forty-five per cent (45%) were qualified, but the 1981 Census (see Table 2) showed that there were 6626 nurses with degrees and diplomas apparently more than sufficient to meet the demand for nurse educators. This apparent anomaly possibly relates to a number of factors which might include:

- nurse education being largely hospital-based;
- the relatively low incentives for hospital-based nurse educators including poor career opportunities, and the lack of salary incentives;
- those actively employed in the workplace;
- the location and number of the institutions that offered specific nurse education training;
- the inability of the nursing profession to recruit and retain students for general nursing programs.

The change to higher education institutions brought with it considerable incentives for graduate nurses to become educators since as such they would enjoy the status and career structures that are part of those institutions.

The United States Congress in 1983 mandated an independent study conducted by the Institute of Medicine of the National Academy of Sciences into the issue of federal support for nursing education. In 1980 there were 1,620,000 registered nurses, 1,124,000 were employed, seventy-one per cent (71%) were prepared below the baccalaureate level, twenty-three per cent (23%) were prepared at baccalaureate level, five per cent (5%) had Master's degrees and less than one per cent had doctorates.³⁷

Neither the 1981 or 1986 Census figures in Table 2 compare favourably with the situation in 1983 in the U.S.A. Australia in 1986 had less than one half of one per cent (0.5%) of its nurses with degree status. Against this background the RANF was adamant to continue their push towards nursing education in Australia being transferred to the tertiary education sector, namely colleges of advanced education or universities.

National Survey of Nursing Personnel 1978

A major national survey of nursing personnel showed that in April 1978 there were ninety thousand, five hundred and seventy-nine (90,579) registered nurses, with an average age of thirty-seven (37) years (see Table 3). Ninety-five per cent (95%) of these were females, ninety-three per cent (93%) had general training qualifications and four per cent (4%) were employed as psychiatric registered nurses.

Table 3: Professional (Registered) Nurses Basic Nursing Qualification

Basic qualification	Number	Per cent
General nursing	84 381	93
Psychiatric nursing	3 837	4
Geriatric nursing	355	0
Mental deficiency/retardation nursing	578	1
Midwifery	660	1
Not stated	768	1
Total	90 579	100

Source: Nursing Personnel: A National Survey Report of the Committee on Nursing Personnel Survey, Volume 1, 1979, p.91.

The survey also revealed that of the 90,579 registered nurses who responded, eleven per cent (11%) had undertaken further studies since commencing their initial nursing courses. Five per cent (5%) had completed their course of study. Eighty-nine per cent (89%) had not undertaken any further study since commencing nursing (see Table 4).

Of the survey respondents, four hundred and sixty-eight had completed either doctor of philosophy, master, or bachelor degrees. Thirty (30) respondents had completed post graduate diplomas. This study supported the findings of the ABS that although nurses had commenced studying at tertiary levels only zero point five per cent (0.5%) had degrees in 1986. There had been little change for nurses since 1978.

Table 4: Professional (Registered) Nurses Highest Level of Study Undertaken After Commencing Nursing, Stage of Completion

Type of Course	Course Completed	Course Discontinued	Currently Studying	Total
Doctor of Philosophy	23	5	8	36
Masters Degree	46	10	30	86
Bachelor's Degree	399	540	1 440	2 379
Post Graduate Diploma	30	7	16	53
Diploma	487	193	452	1 132
Certificate	1 222	393	734	2 349
Other course	2 152	602	1 121	3 875
Not stated	26	27	38	91
Persons who have undertaken further study	4 385	1 777	3 839	10 001
No further study undertaken				80 578
Total				90 579

Source: Nursing Personnel: A National Survey Report of the Committee on Nursing Personnel Survey, Volume 1, 1979, p.96.

Nurses in Australian Public Service (APS) 1986

Commonwealth legislation for Equal Employment Opportunity (EEO) was introduced in October 1984. This legislation required that all Commonwealth government departments develop EEO programs which were designed to eliminate unjustified discrimination against all identified focus groups - women, Aborigines, people from non-English speaking backgrounds and people with disabilities - to ensure that people in these groups compete for promotion and transfer and pursue careers.

The legislation for EEO required agencies of departments:

- . to collect and record information, including statistical information, relevant to the operation of the program;
- . to identify any patterns (whether ascertained statistically or otherwise) of inequality of opportunity in respect of women or persons in designated groups (it is apparent because of the barriers for nurses to tertiary qualifications that they qualify as one of the designated groups). However, nursing training was officially transferred to the colleges of advanced education in 1985 to be completed by 1991;
- . to develop quantitative or other indicators that measure the effectiveness of the program and to use these indicators to assess the effectiveness of the program. (Wilenski, p.6.)³⁸

Between June and August 1986, a major survey of equal employment opportunity was conducted in the Australian Public Service. The survey covered all staff of departments under the Public Service Act, including staff employed in those agencies under other legislation. A total of 180 000 people were surveyed, of whom 145 000, giving a response of approximately eighty per cent (80%). The data collected for nurses gives us a snapshot of what was happening in nursing compared with other professions in the Australian Public Service.³⁸

A total of 7570 survey respondents occupied professional positions, twenty-nine per cent (29%) of these staff were women. About

thirty-five per cent (35%) of staff in this study had post-graduate degrees and tended to occupy higher level jobs than staff with lower tertiary qualifications.

The definition of a professional has caused much debate in the past about what occupations should be classified as 'professionals'. The working definition used for this EEO study was 'occupations outside the Clerical/Administrative stream for which a university degree or equivalent is the normal entry requirement.'³⁹ (APS EEO Survey, p.1).

The representation of women in individual professional groups varied widely from under two per cent (2%) for the Surveyors, Engineers Group to over ninety per cent (90%) for Physiotherapists, Occupational Therapists, and Special Therapists. The finding showed overall that women in professional occupations tended to occupy jobs at lower classifications than men, the average salary of women being \$31 000 compared to \$36 000 for men, as shown in Table 5.

Nurses were not counted in the professional occupations because they did not meet the criteria to be classified as a 'professional'. According to census data collected in 1986 nurses were classified in the para-professional grouping. Occupations were coded using a new classification, the Australian Standard of Occupations (ASOC), that are based on the main tasks and duties performed in that occupation. The EEO Unit staff have supplied data to include nurses and the original Table for professionals has been extended in this study to acknowledge this additional data, as shown in Table 6.^{40,41} In

1986 there were 2324 registered nurses in the public service, 204 males, eight point eight per cent (8.8%) and 2113, ninety point nine per cent (90.9%) females.

Table 5: SUMMARY DATA FOR OCCUPATIONS IN THE STUDY: WOMEN IN PROFESSIONAL GROUPS - OCTOBER 1987 AUSTRALIAN PUBLIC SERVICE EQUAL EMPLOYMENT OPPORTUNITY SURVEY

	STAFF	WOMEN (%)	AVERAGE MAXIMUM SALARY			PERCENT ABOVE CL.AD.8		
			ALL STAFF	MEN	WOMEN	ALL STAFF	MEN	WOMEN
ENGINEER	1812	2	36300	36400	30800	67	68	17
SURVEYOR (1)	317	2	36700	36700	32400	66	67	16
RESEARCH SCIENTIST	386	4	42400	42500	39000	100	100	100
ARCHITECT/TOWN PLANNER	317	6	36500	36700	32600	72	73	47
EXPERIMENTAL OFFICER	323	6	33400	33600	29900	48	50	10
VET	160	8	36000	36200	34400	46	48	23
EXAMINER OF PATENTS	150	11	30200	30500	27800	15	17	0
MEDICAL OFFICER	514	27	45800	46600	43400	99	99	99
SCIENCE	1322	31	32800	33800	37900	66	70	59
LEGAL OFFICER	502	33	39200	39800	37900	66	70	59
PSYCHOLOGIST	152	45	32100	32000	30300	22	29	13
RADIOGRAPHER	48	46	26100	27400	24500	10	19	0
ACADEMICS	34	47	40300	43400	36800	79	94	63
COUNSELLOR	82	60	32400	33200	31900	22	37	12
AUDIOLOGIST	173	71	29400	30500	28900	8	18	4
SOCIAL WORKER	530	78	28200	28600	28100	2	3	2
LIBRARIAN	457	83	28600	29700	28400	21	33	18
PHYSIOTHERAPIST	144	92	29600	30100	29600	13	9	13
OCCUPATIONAL THERAPIST	116	94	29800	32400	29700	11	NC	11
SPEECH THERAPIST	31	97	29500	NC	29500	3	NC	3
ALL PROFESSIONS	7570	29	35000	36600	31000	51	62	23

(1) Surveyor, Land Surveyor, Quantity Surveyor NC = Not Calculated too few cases
 NOTE: The three Therapist groups were merged with the Science structure in December 1985. Some therapists may have been included in the Science group in the survey data, but the majority were separately identified. All data in this paper reflects the new salary relativities.

Source: Women Professional Occupations Summary, Australian Public Service Equal Employment Opportunity Survey, October 1987, p.8. Attachment.

Table 6: EXTENSION TO TABLE 5 COMPARISON OF REGISTERED NURSES TO "PROFESSIONAL GROUPS IN AUSTRALIAN GOVERNMENT EMPLOYMENT

	STAFF	WOMEN (%)	AVERAGE MAXIMUM SALARY			PERCENT ABOVE CL.AD.8		
			ALL STAFF	MEN	WOMEN	ALL STAFF	MEN	WOMEN
ALL PROFESSIONS	7570	29	35000	36600	31000	51	62	23
NURSES	2324	90.9	20621	NC	NC	0.17	NC	NC

The lack of professional status accorded to nurses is reflected in their average salaries. As a group nurses had an average annual salary of less than \$21,000 per annum whereas the lowest paid group of professionals, the Radiographers, had an average salary of \$26,100 which itself was considerably less than the average of \$35,000 for all professionals. (Tables 5 and 6.)

REVIEW OF EVALUATION OF OTHER PROGRAMS' EFFECTIVENESS OR IMPACT MEASURES USED IN THOSE PROGRAMS

Executive Development Scheme (EDS)

The Australian Public Service has a need for senior executives who, on the basis of experience have developed qualities of discipline, self-confidence, a capacity to make considered judgements, and willingness to deal with issues in innovative, flexible and entrepreneurial terms.⁴²

The EDS set out to:

- identify officers of proven ability and demonstrated capacity for development and further advancement to higher administrative duties;
- accelerate development through formal coursework and work placements tailored to individual needs;

- enhance management skills and knowledge of the process of policy formulation;
- increase officers' adaptability and broaden the scope of their future careers by building confidence in coping with new challenges; and
- broaden officers' understanding of Australian society and government.

The program is structured and combines work placements with coursework and group activities. Work placements provide the major development opportunity, challenging participants in real-life situations within new environments.

The selection criteria for this program for Clerical Administrative Class 9-11 Science Class 3 Officers (Third Division Officers) and above requires:

- capacity for higher administrative duties;
- work performance and likely career progression;
- development needs and the suitability of the program to those needs;
- expected benefits to the Service resulting from participation; and
- the extent of departmental support.

A major review of this scheme was undertaken in 1985 using a modified approach of Stufflebeam's Context, Input, Process and Product Model (CIPP). Stufflebeam's CIPP Model incorporates both summative and formative evaluation in a systematic approach using the major categories of context, input, process and product as a framework for analyses. The CIPP approach is based on the view that the most important purpose of evaluation is as a tool to make programs work for the intended audience. Evaluation provides the evidence that programs achieve their goals and produce beneficial results, thus making programs accountable and, if needed, recommendations for improvements or termination of the program.⁴³

The participants, the home and host department and the Public Service Board comments were sought. A questionnaire was mailed out to 244 participants of intake 1-9; (the intakes commenced in 1977). In total there were 157 replies, sixty-four per cent (64%) response rate.

Participant questionnaires were designed to gather information concerning participants' views on placements, coursework and the overall value of the Scheme.

The questionnaire had seven parts:

- Part A: Personal Details
- Part B: Career History
- Part C: Placements
- Part D: Coursework
- Part E: Achievements

Part F: Managerial Characteristics

Part G: Overview

This questionnaire actually asked for surname of the participant and Australian Government Public Service (AGPS) Number, career history prior to EDS and career history since EDS.

Two major open-ended questions were used to elicit outcomes of the Scheme:

Question 1. Overview:

What impact do you feel your participation on EDS has had on your career? Include advantages and disadvantages of this participation.

Question 2.

From the Service point of view what do you feel has been the effect of your participation? Please include in your answer both the advantages and disadvantages of this participation.

The evaluation showed that figures for EDS participants across intakes 1-8 show a significantly higher rate of promotion than that of officers classified at comparable levels in the potential client group (1982 figures) and that preliminary figures show that former EDS participants are promoted at a significantly higher rate than their peers:

- twenty-two per cent (22%) of the officers are female;
- average age of all participants is about thirty-six years;
- average length of service is about eleven years;
- ninety per cent (90%) of EDS participants are still employed in the Australian Public Service.

The comparisons of progress and level of promotion between the two groups was possible due to the service number allocated to each individual in the Australian Public Service.

The promotions were significant:

- fifty-seven (57) (25.2%) were promoted to the Senior Executive Service;
- seventy-four (74) (32.7%) were promoted within the Third Division;
- sixty-seven (67) (29.6%) have remained at their pre-Executive Development Scheme substantive placement;
- twenty-seven (27) (12%) have separated from the Australian Public Service.

The results would appear to indicate a major advantage in favour of EDS participants over other officers in the Service at the same levels, in respect of promotions achieved during the first twelve

months following completion of an EDS year. The rate of promotion is indicated below in Table 7.

Table 7: Figures for Executive Development Scheme (EDS) Promotions Across Intakes 1-8 Within the Third Division

Designation before EDS	Number	Total promotion in first year after EDS	%
Class 9*:			
Males	31	19	61
Females	14	9	64
TOTAL	45	28	
Class 10**:			
Males	18	13*	72
Females	1	1	100
TOTAL	19	14	

* Five of the Class 10 officers reached the Senior Executive Service (SES) within one year of completing EDS, two being promoted to Level 1 immediately after EDS.

** This classification system has changed over the last year.

Source: Executive Development Scheme Evaluation 1985, Section 12.2, Major Issues, p.131. Public Service Board, Canberra, 1985.

Expenditure of the Program

Since 1977 EDS has operated on a cost-sharing basis between the Public Service Board (PSB) and departments. Costs for the EDS program can be divided into four categories:

1. program costs (PSB)
2. administration costs (PSB)

3. salary costs of participants (departments), and
4. non-salary costs (departments). (See Table 8.)

The Board meets about 20 per cent of total costs (made up of 10 per cent program costs, 10 per cent administration costs and costs associated with the engagement of the Directors of Studies). Departments look to the Board to co-ordinate, organise, monitor and fund the core of EDS under current arrangements. The evaluation team found that the cost of EDS in real terms has been broadly contained to levels comparable with earlier years.

The major cost component of EDS is participants' salaries which are met by home departments. However, these costs should be offset by an estimated 78 per cent of the total in recognition of the contribution by participants to the work of the departments in which they are placed. An equation which illustrates the composition of the current costs of EDS is provided below. Offsets for the contribution of real work made by participants to departments are based on the 35 weeks that they work in departmental placements in a full year. (This takes into account normal leave allowances and the ten weeks involved in EDS coursework).

This costing formula could provide a basis for the costings of the W. K. Kellogg Foundation Australian Nursing Fellowships; the costings for each student are given in the annual report of the W. K. Kellogg Foundation. The salary, fees and travel costs will equate with the funding allocation to each recipient for the fellowship, although the administration costs of the Foundation will be difficult to

calculate. The funding allocated to the Australian-American Educational Foundation is listed in the annual report of the Foundation.

Table 8: Cost per each participant in the Executive Development Scheme for EDS 10

PARTICIPANTS SALARIES(\$)	PROGRAM COSTS(\$)	SALARIES(\$) OF PROGRAM STAFF	DIRECTOR OF STUDIES COSTS(\$)	TOTAL (\$)
311 436*	+ 178 430	+ 150.000	+ 38 400	= 678 268

* This allows for an effect of 78% of \$1 415 620
 (Total cost per participant with off-sets = $\frac{\$678\ 200}{40}$
 = \$ 16 950).
 per participant

Source: Executive Development Scheme Evaluation 1985. Section 10, Expenditure, p.36.

Attwood: Women in Fellowship and Training Programs

Studies into the report of fellowships or scholarships has been limited, however, Attwood (1972-73) found that about eighty per cent (80%) of the most prestigious fellowships and awards in the United States went to men.**

In twelve of the forty programs which provided data on the number of applicants, less than ten per cent (10%) of the applicants were women. Of the forty (40) programs reviewed, thirty-five per cent (35%) of the applicants were women. The programs surveyed by Attwood were selected on the basis of size and national visibility. Sixty-eight different fellowship programs sponsored by twenty-eight government agencies, private organisations and foundations were asked

to provide data on the numbers and percentages of women applicants and women recipients, recruiting and selection procedures and content of application forms.

Programs in the humanities and social sciences generally had a higher level of female applicants than programs in the natural sciences and educational administration. In short, fewer women than men apply for scholarships.

The data showed that women applicants are less likely to receive awards than male applicants. In about twenty-eight per cent (28%) of the programs studied, women are more likely to be more successful than their male counterparts in forty-five per cent (45%) of the programs.

Fellowship awards, especially of prestigious and visible fellowships, can have both direct and indirect impact. The individual receives positive reassurance of their capacities from the award and the competitive process; visibility adds to the effectiveness of a career, marked by the fact of the certification through the fellowship. Those recognised by fellowship certification are likely to acquire contacts in the informal networks of influential people that can bring able people into visible and important positions.⁴⁴

Attwood recommended that the participation of women in fellowship programs needed to be increased, that fellowships, traineeships and business and internships play a large part in the process of education. Until women achieve a higher participation rate in this

programs, many qualified women will lack one of the more important credentials necessary for career visibility. They will always be less 'qualified' (Attwood, p.15).

Attwood also stated that whether or not women achieve parity with their male colleagues as recipients of fellowship aid in times when the demand for such aid far exceeds the supply, is dependent largely on whether fellowship sponsors determine that funding female students and professionals is an important goal. (Indeed, it is relevant to equate the Attwood study of women with this study of nursing as an occupational grouping that has little opportunity to further their education.) Also relevant is the question, 'Did the nurses use the opportunity to study and further careers following the award of a fellowship?'

Fellowship recipients: Are They Still Pursuing Their Profession?

Do-Van-Quy et al (1976) in a follow-up study of forty-four (44) recipients of the American Cancer Society Inc., Special Post-doctoral Research Fellowship (SPF) from 1962-1973 revealed that eleven (11) of twenty-one (21) candidates obtained their second Doctor of Philosophy (Ph.D.) degree at the end of training. By contrast, all but one among the twenty-three (23) Ph.D. candidates was awarded the second Doctorate of Medicine (MD) degree.⁴⁶ A great majority of either group remains in active research, regardless of whether or not they obtained the second degree. Since the primary purpose of the personnel training program is research to stimulate interest and to retain manpower in research, this follow-up was initiated to

determine whether the recipients of the SPF still remain in active research regardless of whether or not they did obtain a second degree at the completion of training. So one of the variables for investigation for the impact of the W. K. Kellogg Foundation Australian Nursing Fellowship was to ascertain if nurses were still participating in research and nursing following their fellowships.

Leadership Development of International Nurses

Conrad-Parker (1986) studied the leadership development of international nurses who have attended a college of nursing in the United States or Canada to obtain graduate education. This study was endorsed by the World Health Organisation and the W. K. Kellogg Foundation.⁴⁷ It was designed to investigate the leadership styles of international nurses who had attended graduate education programs in the United States (or Canada). The results of this study were to provide a theoretical basis for nursing educators to understand and develop the nursing leadership necessary in higher education for the implementation of the World Health Organization goal of Health for All by the Year 2000 (HFA/YR 2000). Secondly, it may provide the documentation needed for continued funding for advanced nursing education by agencies such as Ministries of Health, WHO and the Kellogg Foundation. Section Two of the questionnaire eliciting leadership behaviour was originated by staff members of the Ohio State Leadership and revised by Bureau of Business Research (Copyright, 1962). W. K. Kellogg Foundation Australian Nursing Fellowship recipients responded to this study but the results remain unpublished.

The National Health and Medical Research Council (NHMRC) Studies

The NHMRC is responsible for fostering bio-medical research in the interests of improving public health in Australia.

Two studies to evaluate effectiveness were undertaken, namely:

1. Review of NHMRC Post-graduate Research Scholarship Scheme 1966-1984, October 1987.⁴⁸
2. Review of NHMRC Training Fellowships 1979-1983 - Undertaken June 1987.⁴⁹

1. Review of NHMRC Post Graduate Research Scholarship Scheme 1966-1984, October 1987

The purpose of the Postgraduate Scholarship scheme is to allow graduates to gain full-time research experience whilst studying for a higher degree. The aim of the scheme is to attract medical, science and dental graduates to a career in medical research. The Research Evaluation Management Committee was asked to review the effectiveness of the scheme. All scholarship holders from 1964-1984 were to be surveyed.

The methodology for the evaluation of the program involved collecting information from the NHMRC Session Reports and files, and a questionnaire was sent to all Medical, Dental, Bio-medical, Post-graduate Scholarship holders with known addresses that commenced their scholarship prior to 1985.⁵⁰

The questionnaire was designed to ascertain:

- the type of degree and year awarded;
- the name of the training institute;
- the discipline of scholarship research;
- the number of publications resulting from the scholarship;
- current research activity;
- current position and institution; and
- where relevant, reasons for withdrawing from a scholarship.

Although there were 461 participants between 1964-1984, there were addresses for only 361 and 323, ninety per cent (90%), responded. This factor of obtaining the addresses of the W. K. Kellogg Australian Nursing Fellowship recipients would also be addressed in the study and would influence the response rate.

Sixty-six per cent (66%) praised the scheme, welcomed the continuance of research training. However, twenty-one per cent (21%) remarked on the inadequacy of the stipend (p.8). Of the 461 who commenced:

192 awarded Ph.D.	=	42%
63 awarded MD	=	13%
11 awarded MDs/MBioE	=	2%
59 withdrew	=	12%
15 failed	=	3%
23 still continuing	=	5%
19 submitted		
381 Sub-Total		
80 unknown	=	17%
<u>461</u> TOTAL		

The researchers obtained some of these data from the files held by the NHMRC.⁵¹

The majority of questionnaire respondents had published papers based on their research during the scholarship. The range for number of publications resulting from the scholarship was 0-33 and the mean was 6-7 publications per scholarship.

The results of these studies indicate that the scheme has been effective in meeting its objective of contributing to post-graduate training and promoting post-graduate research. Seventy-eight per cent (78%) of the three hundred and thirty-seven (337) known post-graduate scholars have successfully completed a higher degree; while eighty-five per cent (85%) of three hundred and twenty-three (323) respondents currently undertake some research.

This study did not gather data on sex, nor costs of the scholarships but this could be extrapolated from the information given on stipends, travelling allowances and allowances each year.⁵²

2. Review of NHMRC Training Fellowship (1979-1983)

The other study - Review of NHMRC Training Fellowships (1979-1983) - evaluated the effects of the research training scheme offering support for young physicists/scientists to undertake research both overseas and in Australia. Competition for these scholarships is very keen, only twenty per cent (20%) of applicants being funded in recent years.

The fellowships are awarded on the basis of a research proposed to be supervised at an approved university. The objective of the fellowship scheme is to encourage young people to pursue biomedical

research. The evaluation was designed to assess the career paths of the fellows.

In order to assess the scheme a questionnaire was sent to all seventy-six (76) recipients between 1979-1983. There was a seventy-six per cent (76%) response rate, however, additional information was obtained from files held by NHMRC. Most researchers are currently working in Australia (seventy out of seventy-six). The primary result of scientific enquiry is to disseminate the results via journals. It is therefore pertinent to assess the number of publications emanating from the recipients. Seventy (70) of the seventy-six (76) recipients continue to be involved in research. At least thirty-one (31) continue to work as full-time researchers, many of whom are supported by NHMRC.⁵³

The number of publications strictly related to the Fellowship averages between six to eight (6-8) per Fellowship.

This study did not break these groups into age, sex or costs of the scholarship.

The results of the study indicated that the NHMRC Fellowship Scheme has been highly successful in training young researchers.

Findings

The results show that both the NHMRC schemes are highly effective in fulfilling the role of training researchers.

Over three-quarters of post-graduate scholars with known details successfully completed a higher degree while eighty-five per cent (85%) of three hundred and twenty-three (323) questionnaire respondents currently undertake some research. Similarly, approximately eighty-eight per cent (88%) of seventy-six (76) recipients of research fellowships are active in research.

A high proportion of former scholars and fellows hold positions in academic, research institutes and hospitals. It can be concluded that these fellowship programs enhance the career prospects of the recipients.

CONCLUSION

A profile of Australian nurses between 1978 and 1986 was drawn up from Australian Bureau of Statistics' figures, a national survey of nursing personnel and an equal employment opportunity survey in the Australian Public Service. It revealed that only nought point five per cent (0.5%) of all nurses in 1986 held degrees, compared with twenty-three per cent (23%) of American nurses prepared at baccalaureate level.

The profile was used to determine initial training patterns for Australian nurses, and then compared with the profile of recipients post-fellowship to determine whether the planned intervention of the fellowship had any effect on recipients.

The Australian Public Service Executive Development Scheme and two NHMRC fellowships were reviewed to find what indicators of the fellowship's impact could be used to evaluate the Kellogg Program. Also reviewed were studies of fellowships by Attwood and Do-Van-Quy et al.

The evaluation of previous programs showed that fellowship recipients generally achieved the goals of their programs, and that a range of indicators could be used to evaluate effectiveness.

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CHAPTER THREE

RESEARCH METHODS AND PROCEDURES

INTRODUCTION

The study sets out to determine the effectiveness of the W. K. Kellogg Foundation Program for Australian Nurses. The indicators from the previous studies to measure effectiveness included details of pre- and post-fellowship activities such as education qualifications, career path, publication, retention rates in the profession, and the opportunity to contribute. Data would be collected to allow a comparison between pre- and post-fellowship achievements. These indicators can be measured qualitatively and are supported where possible with quantified information.

The broad aims of the W. K. Kellogg Program for Australian Nurses were firstly, to offer nurses the opportunity to further their personal and professional development through a period of supervised study and clinical experience in the different social and professional environments of North America. Secondly, the Program aimed to encourage them to make the results of their study and experience as widely available as possible on their return for the benefit of other nurses and the profession as a whole.

Although the aims of the W. K. Kellogg Program are stated above, before this study could commence it was necessary to examine records of the Federal Office of the RANF to gain an understanding of how the program evolved, both in Australia and America, how it was established and finally evaluated for its effectiveness. The context in which the program was set up, as well as the content and outcomes of the program, also needed to be studied to measure the effectiveness of the program.

The following factors will be considered in the provision of a framework to evaluate the effectiveness of the W. K. Kellogg Program. These factors require that:

- the subject for evaluation is specified
- information support is ensured
- relevance is verified
- adequacy is assessed
- progress is reviewed
- efficiency is assessed
- effectiveness is assessed
- impact is assessed; and
- conclusions are drawn and proposals formulated for action.⁵⁴

Objectives of this study are to determine:

- Whether the broad aims of the W. K. Kellogg Fellowship Program have been achieved?

- Whether the Australian nurses awarded these scholarships achieved both personal and professional development through their period of study in the United States?
- Whether the Fellowship recipients on their return to Australia have been able to disseminate the results of their study programs within Australia?
- The degree to which the desired objectives were met as a result of the planned intervention, namely the W. K. Kellogg Australian Nursing Fellowship Program.
- The effectiveness of the program both for the long term and short term recipients.
- The relationship between the outcomes and the intended goals of the program.

And to:

- Provide some comments on the unintended consequences of the program.
- Provide details of the costs of the program.
- Measure the effectiveness of the program, that is to what extent the intervention achieved the aims as stated.

SELECTION OF SURVEY METHODS - INFORMATION SUPPORT IS ENSURED

The criteria that influence the choice of survey methods are discussed in Warwick and Lininger (1975, pp.7,8).⁵⁵

1. Appropriateness of the objectives of the research

Will the methods chosen produce the data needed to answer the questions posed by the study?

2. Accuracy of measurement

Are the measures or observations used as the source of data representative of the broader community? One of the factors to be considered is quantification, that is the generation within the study of valid and reliable indicators. The collection of scores, ratings and attitude scales allows for objective comparisons between and within the groups sampled and with other studies undertaken. Another factor is replicability that contributes to the accuracy by allowing other researchers to determine if previous methodologies and relationship in one study can be supported in other studies.

The findings of a study need interpretation, they must be set in the analytic context that in this study will be the justification for the planned intervention through the use of historical and anecdotal evidence.

3. Generalisability of the results

This involves establishing whether the group under analysis is representative of the population so that the results can be generalised to the remainder of the population.

4. Explanatory power

Describes the move beyond general description to the analysis of causation, why certain things happened or resulted from the planned intervention.

5. Administrative convenience

This involves consideration of costs, organisation and time required to undertake the study.

6. The avoidance of ethical and political problems

In this study, these factors were considered and to this end the majority of the unpublished letters used as background in Chapter One were attributed to the title of the officer in the organisation rather than the person holding that particular office.

Causal Significance Considered

It is a challenge to design surveys that allow for the attribution of causality to the program. Some studies are only concerned with immediate impact while others relate to long term aims. An evaluation that provides an overall appraisal of a

program indicates the major outcomes, intended aims and some comments on unintended consequences (Warwick, pp.54-55).

To establish a causal link the conditions must be clarified:

- the assumed cause and effect must be associated with each other;
- the cause must precede the event and all other explanations must be ruled out (Warwick, p.49).

However, to determine causal significance of association five criteria must be satisfied before any conclusion can be drawn. These are: consistency, strength, specificity and coherence of association, as well as temporal relationship. As a control group of nurses was not studied the direct measure of the strength of association of the outcome for the exposed groups (the fellows) to the rates of progress of the non-exposed (or control group) adjusted for age and characteristics of the group cannot be determined. Previous studies of fellowship programs have not used control groups.⁵⁶

To access the significance of association, exposure to the planned intervention presumed to be the cause of the results must precede, temporally, the outcomes of the planned intervention.

Other studies have measured the outcome of fellowship and this will allow for the consistency of results to be appraised against previous studies. Consistency implies that diverse methods of approaches in the study of association will provide similar conclusions.

In order to establish a causal connection that the W. K. Kellogg Program for Australian Nurses actually had an effect on the nurses, it must be assumed cause and effect are associated with each other and that no other explanation could be made. Given the

qualifications requirements for selection as a fellow it is probable that at least one cause and effect connection had already been built into the program. Nurses must have completed a degree to undertake the Masters Program offered to Long Term Fellows. However, research has shown only one per cent (1%) of the nursing workforce had degrees during the period of study.

CONSTRUCTION OF METHODS

The data collected would be easily tabulated using a coding frame, one of the methods used for the tabulation of results.

The indicators to measure the W. K. Kellogg Foundation Program will be utilised in the design of the questionnaire. The responses can be measured qualitatively and quantified in some responses.

The validity of the measures used can be determined by two basic criteria. Firstly, the measures must reflect accurately the social activity it purports to measure and secondly, the extent to which it generates similar responses every time it is used, this is called reliability. A reliable measure produces consistent results when produced by other researchers (Lin, pp.167,168).⁵⁷

The process of deduction begins with propositions that contain concepts. The proposition is operationalised into hypothesis, that allows for testing of the relationship between variables, that leads to the construction of items and response categories. Lin states that each variable can only have one measure, each concept can be

indicated by multiple variables, and therefore multiple measures (Lin, pp.166-167).⁵⁸

Content Analysis

The open-ended question sets up various classification systems, and allows the favourable and unfavourable comments to be recorded.

The most important decision in content analysis involves the choice of categories which must accurately represent the ideas or concepts that you want to measure.

Simon (p.293) states that unless the subjects are classified in some manner, it will not be possible to summarize the data or manipulate them in other objective ways.⁵⁹

SURVEY METHODS - RELEVANCE IS VERIFIED FOR THIS STUDY

Following careful consideration of the above factors a variety of survey techniques were used.

In order to measure the effectiveness of the W. K. Kellogg Foundation Nursing Fellowship Program it was necessary to undertake the following activities:

- Contact the Federal Office of the Royal Australian Nursing Federation in Melbourne and negotiate access to their archival records pertaining to the fellowship program to undertake content

analysis. Chapter One was circulated to the Executive of the federal office for comment on accuracy and political consequences.

- Liaise with the Australian-American Educational Foundation in Canberra to obtain details of the response to the advertisements, selection process and annual reports to obtain information regarding the costings.
- Undertake a comprehensive literature search to obtain details and methodology of other evaluations of fellowship programs that had been undertaken. Follow up information on reports of unpublished information regarding evaluation of programs.
- Liaise with staff of the W. K. Kellogg Foundation in Battle Creek, Michigan, USA and during the visit of a staff member to Australia.
- Liaise with the College of Nursing, Australia to check material for accuracy: the pre-test questionnaire; and the information contained in Chapter One regarding the negotiations with the W. K. Kellogg Foundation.
- The College of Nursing, Australia mailed out the questionnaire with an accompanying letter of support to the seventy fellows on their mailing list and this mail-out was confirmed by the Executive Officer. A follow up reminder letter was also sent out by the College of Nursing.

- In April 1988, the College of Nursing, Australia made a submission to the W. K. Kellogg Foundation for funding of a North American Nursing Doctoral Program for Australian Nurses. Results of this submission will be discussed later in this report.

COSTING OF THE PROGRAM

In Chapter One the costing of the program was discussed. The only other study that has mentioned cost was the evaluation of the Executive Development Scheme (see Chapter Two for the formula used by the Public Service Board to ascertain the cost effectiveness of the program). The W. K. Kellogg Foundation issues an annual report that contains a report from the Treasurer. This itemises program commitment and payments by country. Past and present recipients are listed in the W. K. Kellogg Foundation Nursing Fellowship booklet.

CONTEXT OF THE PROGRAM

To understand the process used to plan and then gain acceptance of the need for the W. K. Kellogg Foundation Nursing Fellowship Program it was necessary to negotiate access to the archival records of the Federal Office of the Royal Australian Nursing Foundation. The information obtained from the files and microfiche documented how the fellowships were negotiated and funded. This was the basis of the information supplied in Chapter One. The AAEF has supplied details of the advertising process and response rate of applicants. The information contained in these files provided the details of the

context in which the program was set and the justification for the program.

ARCHIVAL DATA

Archival data is important in social research providing access to documents that allow secondary analysis of data that was not originally generated, collected or stored for the specific purpose of the study (Lin, p.213). Although this retrieving of historical documentation provides useful information, this method is dependent on the accuracy of the filing system and on the selection of documents that are initially filed. Factors considered by those setting up the program were barriers to the study and the assimilation of Australian nurses into the nominated universities in the US and Canada. This study asked questions about barriers to study in America and then upon the nurses return to workplaces in Australia.

ANECDOTAL EVIDENCE

The College of Nursing Australia organises an annual conference and since 1984 has organised annual dinners for the W. K. Kellogg Fellows and has compiled a list of the names and addresses of the Fellows. However, this list is incomplete and at this stage the names of at least ten Fellows are not available. The researcher has attended three of the five annual dinners. Attendance has provided informal feedback on the progress of the nurses who were involved in the program and who attended these functions. Anecdotal evidence

presented at these dinners has indicated that some nurses have experienced frustration in the workplace but overriding this is a feeling of having been given a great opportunity. As the researcher was also a short term fellow it was necessary to overcome any bias in the study and remain objective.

It was decided to use the mailing list of the College of Nursing Australia to mail out the questionnaire. A reminder letter was sent thanking those who had responded and a gentle reminder for those who had not responded and returned their questionnaire (see Appendix 7).

LITERATURE REVIEW

A literature review was undertaken in Chapter 2 to see if any major studies had been carried out to measure the effectiveness of scholarships or fellowship programs on their recipients. These studies did provide some indicators which could be used to gauge the impact of the W. K. Kellogg Fellowship Program. Most of the relevant information was obtained from unpublished reports.

ANALYSIS OF THE DATA COLLECTED - ADEQUACY IS ASSESSED

Analysis of the Data Collected

Data collection is the process used to:

- . review the literature;
- . gather relevant documents; and
- . survey the group after the formulation of the questions.

The next phase of the process is the recording and coding of information in an organised manner so that analysis of the data can be made. The information collected for this survey was recorded on data sheets, counted and recorded. Tables were constructed to make the explanation and comparison of the data meaningful. The responses to the open-ended questions were coded into positive and negative answers. These responses allow the researcher to show the experiences of the participants in the study in a discreet manner.

Data analysis has two objectives, to summarise and describe the data, and then to make inferences from the data to the population being sampled. For descriptive data, interpretation is restricted to providing a comprehensive and accurate description. The interpretation of the data should be made within the limitations of the study, as stated in the objectives.

QUESTIONNAIRE DESIGN - EFFECTIVENESS IS ASSESSED

The two basic goals in the questionnaire design are:

- . to obtain information relevant to the purpose of the survey; and
- . to collect this information with maximal reliability and validity enhancing accuracy and relevance. (Warwick, p.127).

The subject matter and purpose of the questions must be relevant with intrinsic interest to the respondents. The content of the questions would be validated by using a pre-test study, to reduce bias and aim

for objectivity. The sequence of the questions in the body of the interviews should appear to be in a logical order for the respondent. The format should be well organised and structured with some open-ended questions designed to probe for information, some using multi-choice format and some scale responses. Scale responses involve the selection of positive and negative statements about an issue with five response categories. This allows responses to be totalled across all statements. Variations on the original Likert Scale can be used. However, summation scales do not allow the respondent to express the degree of intensity or relevance about the question (Lin, pp.184-185).

Most of the questions should be briefly answered with a check mark keeping the number of questions requiring subjective responses to a minimum. The data collected would be easily tabulated using a coding frame, one of the methods used for the tabulation of results.

CONTENT OF THE QUESTIONNAIRE - PROGRESS IS REVIEWED

In order to record the effectiveness it was necessary to record:

- the achievements of the nurses prior to the fellowship;
- the educational qualifications of the nurses, both nursing and non-nursing qualifications, prior to the fellowship;
- the immediate impact of the fellowship for the time spent in the United States or Canada and any barriers or difficulties they experienced on return;

- the effects of the fellowships on nurses upon their return to Australia. Did the nurses have the opportunity to further their personal and professional careers?

Did they have the opportunity to disseminate the results of their experience and study in Australia?

A questionnaire was designed and sent to the nurses to elicit responses that could be converted into measures of the variable, namely the effectiveness of the W. K. Kellogg Australian Nursing Fellowship Program. Did the fellowship have an impact on the career path of the nurses? Did they become leaders in nursing? Could they apply what they had learnt during the fellowship?

All the recipients of the fellowship were to be the target group for the questionnaire.

Pre-Testing

A draft questionnaire was pre-tested by using a sample of five fellows. Pre-tests are necessary to test the adequacy of the instructions, layout and sharpen the focus of the questions. My supervisor and Dr William Wilkinson, Assistant Professor and Director of Occupational Health Nursing, Department of Community Health Care Systems of the University of Washington, Seattle, who was previously at the University of Illinois, Chicago Campus, all made comments on the survey instrument. Changes were made to the questionnaire before mailing out to the seventy fellows on the mailing list of the College

of Nursing Australia (see Appendix 8 for Questionnaire). Nay-Brock (1984) following an analysis of sociological data found that many researchers thought that:

Motivation is a significant determiner of response. Motivation to respond could be increased by two factors that is: (i) establishing an image of the social utility of the survey in terms of the value system of the society, group and/or community under study; and (ii) emphasizing the special role of each respondent in making possible the attainment of the maximum social utility of the survey. (Nay-Brock, p.17).⁶⁰

The questionnaire was designed such that all recipients answered the same questions, on pre- and post-scholarship details, but separate coloured coded sections were designed to ask the fellows about their experiences during both the long- and short-term programs in the United States and Canada.

Responses from self-administered questionnaires tend to be reliable reportedly due to the degree of anonymity encouraging greater honesty.

Completion rates on mail-out questionnaires are notoriously low, with forty per cent (40%) to fifty per cent (50%) considered a good response (Warwick, p.129). To improve the response rate a stamped addressed envelope was included as well as a letter of support for the study from the Canberra College of Advanced Education and the College of Nursing Australia (see Appendix 9).

Pre-Fellowship Details

The pattern of education and training of registered nurses and nurses-aides in Australia has been modelled on apprenticeship system. Standard practice has been for approved hospitals to accept student nurses as paid employees who are rostered as part of the regular work force. The hospitals administer an educational program for the student nurses who are examined by nurses' registration boards that are State statutory authorities.

Given the history of nursing in Australia, it was deemed necessary to ask some questions eliciting the highest secondary qualification gained, or years of secondary education, and then check on nursing qualifications.

The survey document for the evaluation of the Executive Development Scheme had seven parts. Two of these sections checked personal details as well as career history.

Further questions subsequently checked the recipients' qualifications gained in further education at a college of technical and further education (TAFE) or colleges of advanced education (CAE) or university. What had these nurses, both short and long term, achieved before going to the United States?

Details of Awards and Activities During the Fellowship

Long Term Fellows

Questions were designed to find out the duration of the fellowship

and subsequent qualification gained by the recipients. Further questions were designed to find out if there were any barriers or difficulties that the nurses experienced during the scholarship that related specifically to the:

- . study program;
- . institution;
- . university;
- . supervisors;
- . W. K. Kellogg Foundation;
- . housing; and
- . travel arrangements, or any other factor.

Questions about the barriers were deemed to be important given that this matter was addressed in some detail by the W. K. Kellogg Foundation, the Deans of Nursing of the designated US universities and the Royal Australian Nursing Federation prior to the announcement of the fellowships. These nurses had to satisfy entry requirements to the program, that is in most instances the Graduate Record Examination (GRE) and the qualifying examination conducted by the Commission on Graduates of Foreign Nursing Schools. In some cases the nurses had to pass the State licensing examination once they reached America. It was anticipated that there could be some problems in this area.

It was anticipated that the recipients could experience some difficulties and barriers on their return to their own workplaces, so these questions were asked in a specific section for both long and

short term fellows in order to add to the relevance for each recipient. The question was asked of each recipient: 'On return to Australia was recognition accorded to your award, qualification or credits in the workplace, by an educational institution and by financial payment?' (See questions 9.6, 12.6 of the survey document).

Short Term Fellows

The time frame for the fellowship was for a period of three to six months taking in academic workplace periods for observation and clinical experience. Questions were designed to elicit how recipients had used their time and to find out if they had experienced any barriers or difficulties during their study. The same questions about difficulties or barriers they experienced on return was also asked of this group, to allow comparison of results between the two groups and with the Executive Development Scheme.

Post Fellowship Details

All fellows were asked similar questions about their opportunities to contribute to nursing on their return and then to rate these opportunities on a scale, e.g.:

- . changes in positions of employment;
- . status and interest in the position;
- . salary of current position; and
- . ability to attract a higher salary.

An attitudinal scale was used and the respondents were asked to record a score on a scale on the continuum. An attitudinal or interval scale allows for degrees of comparisons to be made between the long term and short term fellows. An interval scale allows these degrees of difference to be measured (Simon, p.302).

The evaluation of the Executive Development Scheme showed a significantly high rate of promotion for participants on the scheme in comparison with their peers.

A question (13.2) was designed to ascertain whether greater opportunities have been presented to the recipients, i.e. 'How significant do you believe your W. K. Kellogg Foundation Australian Nursing Fellowship has been in:

- . attracting these opportunities; and then
- . allowing you to take advantage of those opportunities?'

In order to determine if the nurses had remained in nursing, they were asked to comment on their current positions. The Executive Development Scheme showed that twelve per cent of the participants had separated from the Australian Public Service.

A comparison was made between the number of pre- and post-fellowship publications. Accuracy of the study is enhanced by specific probes and cross-checks on the information obtained (Warwick, p.159). Both the National Health and Medical Council NHNRC studies used publications as a measure of the outcome of the scholarships, so details of pre- and post-fellowship publications were ascertained.

Open-ended questions were asked to elicit the individual perception of how the fellowship had had an impact on them.

Another open-ended question was asked about any recommendations that recipients considered appropriate to the W. K. Kellogg Foundation about the Australian Nursing Fellowship program.

IMPACT QUESTIONS - IMPACT IS ASSESSED

The question, 'comment on the impact of your W. K. Kellogg Foundation Australian Nursing Fellowship?' was asked as an open-ended question to determine if the recipients thought that the fellowship had any effect on their personal or professional development through a period of supervised study and clinical experience in North America. The Executive Development Scheme also had an open-ended question: 'What impact do you feel your participation on EDS has had on your career. Include advantages and disadvantages.'

It is anticipated that there could be a difference in the responses between the long term and short term fellows, possibly due to the more structured program outlined for the long term as opposed to the less structured program and objectives for the short term fellow.

It could be argued that the group of nurses would have progressed without the fellowship, however the long term fellows actually set out to achieve masters degrees in nursing and the impact could be that the fellowship allowed a faster rate of progress, an opportunity to move career wise and reaffirm their status in nursing.

Although the responses to the open-ended questions could create some problems in coding and analysis of the data, the positive aspect would be the spontaneity of responses that could be used in findings. The researcher can construct a classification that reflects the favourable and unfavourable comments and the polarisation of views (Simon, p.278). The respondents are given the opportunity to record both positive and negative comments as well as details of unintended consequences of the program.

Although closed questions appear easier to answer, problems can be created by the answers not being mutually exclusive and the views of a researcher can be imposed on the respondent. Tables will be set up to collate these responses showing percentages and raw data to allow comparison of results between the two groups. The validity of the study is a measure of the extent to which the study accurately reflects what it purports to measure.

CONCLUSION

This study evaluated the W. K. Kellogg Program in the conceptual framework provided by the World Health Organization. A review of previous evaluations of fellowships showed that a number of indicators could be used to measure effectiveness. These indicators included educational qualifications, promotion, publications and research.

Data was collected from archival material, anecdotal evidence, a literature review and a detailed, pre-tested questionnaire for

recipients. Pre- and post-fellowship activities were compared. Comparisons were also made between long and short term fellows.

Various measures and sources information were used to scrutinise the adequacy of the study, methodology, procedures to collect the data and to verify the results.

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CHAPTER FOUR

THE FINDINGS OF THE STUDY

Nurses awarded the W. K. Kellogg Foundation Australian Nursing Fellowships between 1979-1983 were expected to achieve both personal and professional development through their period of study in the United States and Canada; then upon their return to Australia disseminate the results of their study for the benefit of other nurses within Australia. This study sets out to determine the effectiveness of this program on the recipients of the fellowships.

The W. K. Kellogg Foundation expected the Australian Nurses to submit a report of their study program before returning to Australia. The Foundation has not formally evaluated this program.

The research methods and procedures for this study included the retrieval of archival material, a literature review of previous studies and the design of a questionnaire to be mailed out to the recipients.

RESPONSE RATE

The College of Nursing, Australia had a list of names and addresses for seventy of the seventy-eight fellows who had received fellowships. The College of Nursing agreed to mail the questionnaire

to each of the seventy fellows on their mailing list. In all there were sixty respondents. Two questionnaires were returned 'address unknown'. In addition one of the respondents, an Australian nurse, was in fact a W. K. Kellogg Fellow as a result of the North American Fellowship Program and could not be included in this study. The College of Nursing confirmed that it had mailed out the questionnaire.

Sixty-seven fellows received the questionnaire and of these sixty responded - a response rate of eighty-nine per cent (89%). According to Warwick, this could be considered a good result and reinforces the supposition that the survey was seen to be of value to the group. Of the sixty responses, thirty-five were short term fellows and twenty-five long term fellows. It should be noted that one fellow is counted both as a short and long term fellow being a dual recipient of the fellowship.

1. DEMOGRAPHIC DATA

1.1 Sex of Respondents

Two male long term fellows and no male short term fellows responded. Twenty-three females were long term fellows and thirty-five were short term fellows.

1.2 Age Range of Recipients

The age range of the recipients showed that only four of the short

term fellows were under thirty years of age and all of the long term fellows were over thirty (see Table 9). The findings on age revealed that in the group being studied, both long and short term fellows were clustered in the 30-49 year age range, which is not surprising considering the educational requirements that had to be met for the award of a fellowship.

Table 9: Age Range of Recipients

25 yrs - 29 yrs		30 yrs - 39 yrs		40 yrs - 49 yrs		50 yrs - 59 yrs	
L/T	S/T	L/T	S/T	L/T	S/T	L/T	S/T
0	4	10	13	13	13	2	5

L/T = Long term fellows
S/T = Short term fellows

2. EDUCATION AND TRAINING BEFORE FELLOWSHIP

2.1 Completed Years of Secondary School

Most of the fellows had not completed six years of secondary schooling, reflecting the required levels of entry to the on-the-job type training that applied to almost all the recipients for all their original nursing. Another complicating factor is that some of those who completed five years before 1966 in New South Wales would be seen to have a full secondary education. Thirty-five had completed years 11 and 12 (see Table 10). Thirty-five out of the total of sixty respondents, which included both long term and short term fellows, had completed four years or less. One person had completed only one year of secondary education, but gained adult matriculation.

Question number 2.1 regarding highest secondary qualification was misinterpreted by a number of respondents but served in most instances as a check that respondents had correctly replied to years of completed secondary schooling.

Table 10: Completed Years of Secondary School

Year	Long Term n=25	Short Term n=35
1	1	-
2	2	3
3	3	8
4	9	3
5	8	10
6	6	11
Total	25	35

2.2 Non-Nursing Qualifications Gained Before the Fellowship

It was considered relevant to check not only the nursing qualifications but also the non-nursing qualifications of both groups of recipients. Few opportunities have existed for most nurses until recently to have access to undergraduate and postgraduate studies in nursing. Table 11 indicates that:

- . many of the fellows were forced to study outside their discipline;
- . twenty fellows had Bachelor's Degrees from non-nursing disciplines. In addition there were thirteen holding

qualifications at postgraduate level from non-nursing disciplines.

Table 11: Non-Nursing Qualifications Obtained Before Fellowship

DETAILS	LONG TERM FELLOWS	SHORT TERM FELLOWS
Certificates (eg. TAFE)	2	0
Diplomas	2	1
Bachelors Degrees	13	7
Masters Degrees	2	2
Other Post-Graduates (PG ₁)	3	6

2.3 Nursing Qualifications

All the long term fellows were required under their long term fellowship to be graduates at least to the Bachelor Degree level and to have a Diploma in Nursing if their Bachelor Degree was from a non-nursing discipline. As a result the group held thirty-three qualifications at Diploma, Degree or Master's Degree level in Nursing and an additional twenty qualifications at similar levels in non-nursing disciplines (see Table 12). Appendix 10 sets out full details of the educational qualifications of the long term fellows.

Short term fellows were not required to have graduate status prior to the award of the fellowship. Nevertheless, they held thirty-four qualifications between the thirty-five of them at Diploma or Bachelor level in Nursing. Besides this they held an additional sixteen diploma, degree and postgraduate qualifications in non-nursing disciplines. Only one of the recipients did not hold higher education qualifications. (See Appendix 11 for full details of the educational qualifications of the short term fellows.)

2.4 Other Nursing Qualifications Obtained Before W. K. Kellogg Foundation Australian Nursing Fellowship

Besides higher education qualifications, the table below indicates also that the W. K. Kellogg fellows were very well qualified in terms of basic and advanced nursing certificates.

Table 12: Other Nursing Qualifications Obtained Before W. K. Kellogg Foundation Australian Nursing Fellowship

DETAILS	LONG TERM FELLOWS (25)	SHORT TERM FELLOWS (35)
General Nursing Certificate	22	35
Psych. Nursing Certificate	4	2
Midwifery Certificate	14	24
Mothercraft Certificate	4	7
Diploma in Nursing	19	27
Bachelors Degree Nursing	13	7
Masters Degree Nursing	1	0
Other Nursing Certificates	8	15

As mentioned in Chapter 2, the national survey of nursing personnel in 1978 revealed that of the 90,597 respondents, eleven per cent (11%) had undertaken further studies, five per cent (5%) had completed either doctor of philosophy, masters or bachelor degrees. Thirty (30) respondents had completed post graduate diplomas. Compared to information collected on the educational profile of the Kellogg Fellows, there were forty degrees, five with masters and nine with post graduate diploma. The results showed that the Fellows were indeed among the five per cent (5%) of the 90,597 respondents who had completed their studies. (See Table 3 in Chapter 2.)

2.5 Previous Scholarship - Previous Opportunities to Study

Fellowships or scholarships were among the limited opportunities for nurses to study on a full time basis. The nature of the nursing workplace (e.g. shift work) was probably a serious inhibiting factor for nurses who wished to undertake further studies.

Unlike the United States, course fees were not a barrier to further studies. At the time of writing this study a graduate tax is about to be introduced in 1989 by the Australian Government and it is yet to be seen whether this will prove to be a significant inhibiting factor in the training of nurses in initial pre-registration degree programs, although they will be exempt from this tax until 1993. Although the Commonwealth Government has exempted pre-registration nursing until 1993, the State and Territory governments can request the Commonwealth to collect contributions on their behalf at an earlier date. The only reason the Commonwealth Government exempted the pre-registration course is that it does not assume full responsibility for the funding of pre-registration nursing students until 1993. An annual course fee charge of \$1,800 will apply for each year of equivalent full-time study undertaken from 1989. Registered nurses undertaking degree programs will not be exempt from this tax.

Eighty-four per cent (84%) of long term fellows had benefited by previous scholarships or fellowships and forty-two per cent (42%) of the short term fellows were previous scholarship winners. This was quite a noteworthy difference between the two groups (see Table 13).

Table 13: Scholarships/Fellowships Other Than W. K. Kellogg Foundation Australian Nursing Fellowship

NUMBER	LONG TERM FELLOWS (25)	SHORT TERM FELLOWS (35)
1	14	12
2	6	2
3	1	1
TOTALS	21	15

3. PUBLICATIONS

Two studies, the National Health and Medical Research Council (NHMRC) Study, 1 and 2 (1987), and Do-Van-Quy et al (1976) showed that scholarship receivers tended to publish at a greater rate after the scholarship. To determine whether this was the case for this group questions were asked to establish the level of publication for both groups before and after their fellowships.

In the case of the long term fellows only five had previously published articles. After the fellowship this number had risen to fifteen who were publishing. For the short term fellows after their fellowships there was only a marginal increase in the number who published articles.

The difference between the two groups in publishing may be independent of the different types of fellowships and might be related to other factors, for example a much greater proportion of the short term fellows was directly engaged in nursing. Whereas, more of the long term fellows were professional nurse educators within institutions that encouraged or required publications.

4. NURSING AND OTHER WORK EXPERIENCE

The spread of work experience was identified in the study and showed that a significant clustering of experience and years of service in general nursing duties, nursing administration and in particular nursing education. The profile of both the long and short term fellows showed in general that besides the commitment to nursing there was also a commitment to professional development by acquiring professional qualifications. Fifteen of the thirty-five short term fellows had nursing educator experience but eighteen out of twenty-five of the long term fellows were nursing educators or had nursing education experience.

At the time of taking up the fellowships seventeen of the long term fellows and ten of the short term fellows were engaged in nurse education, these included three who were working in the related areas. The remainder of the short term fellows were engaged in nursing supervision, administration and nursing duties. Five short term fellows indicated community nursing experience that ranged from three to thirteen years of experience. Two short term and long term fellows indicated consultancy experience of one year or less.

5. LEAVE

Questions on the leave granted to both groups of nurses were to determine if the nurses encountered any barriers to taking up these fellowships in the United States or Canada.

All the short term fellows but one, who did not request leave, had leave granted to them by their employers. Of the twenty-five long term fellows, seven preferred to resign for the financial benefits accrued. None of these recipients stated they were forced to resign. Eighteen of the long term fellows had leave, surprisingly six had leave with pay, one for one year only.

Of the thirty-five short term fellows, five had leave with pay and two with partial payment of salary, eighteen had leave without pay.

6. NURSING ACTIVITIES PRE- AND POST-FELLOWSHIP

To determine if this group of nurses was involved in both industrial and professional activities prior to and following their return to Australia, the nurses were asked to rank these activities. The results showed that nurses were involved pre- and post-fellowship but there was no major change in the pattern of involvement.

6.1 Significant Achievements

Nurses were asked to state their most significant achievement pre- and post-fellowships in order to determine if there were any significant changes in activities. Of the eleven responses from the twenty-five long term fellows regarding pre-scholarship activities of significance the most significant achievement was a Reference under Seal for Services to Children and Families awarded to a nurse by a country town in Victoria. The most significant activities of the fourteen long term fellows who responded to the post-scholarship

achievements was the award of further scholarships or research grants from prestigious organisations or committees.

Twenty-one out of the thirty-five short term fellows responded to major achievements prior to fellowships. Of the responses, the two most significant achievements were the award of the Florence Nightingale Medal for Nursing Services in Vietnam and an Honorary Life Membership of a general nursing training hospital in recognition of four years volunteer nursing in India.

Of the twenty-seven short term fellows who responded regarding post fellowship achievements most showed that the completion of degrees, master degrees and postgraduate diplomas was very important. Eighteen of the twenty-seven respondents were either undertaking or completing their studies. Several other short term fellows have been awarded further scholarships or been sponsored to attend national or international conferences. (For full details see Appendix 12.)

7. FELLOWSHIP DETAILS

7.1 Duration of Fellowships

Short term fellowships were expected to be for a maximum of six months, in fact they ranged between three and seven months in duration with the average being five months. Eighteen of these were of six months duration.

Long term fellowships were supposed to have been for a maximum of two years. There was one exception, for thirty-six (36) months, and the shortest one was for twelve (12) months. The average duration was twenty-two (22) months.

7.2 Qualifications Gained During Fellowship

No complete qualifications were obtained during the Fellowship by the short term fellows; many of them were attached to universities and enrolled in standard subjects within Degree or Master's programs. Two recorded the issue of what seemed to be an attendance award from the University of California, San Francisco.

In general, long term fellows were enrolled in Master's Degrees Courses, with three exceptions. One of these completed a Master's Degree and enrolled in a Doctoral program. Another was enrolled in a Doctorate of Education (Nursing Program). A third completed a Master's Degree and subsequently enrolled in a Doctorate of Nursing Science. Two of these three completed their Kellogg Program and later returned to the United States to complete their Doctorate.

7.3 Successful Completion

All the long term fellowship holders reported successfully completing their program with one exception. That exception completed a Masters Degree program successfully and had almost completed a Doctoral program but was forced to return to Australia due to a family illness.

The twenty-five long term fellows successfully completed twenty-four masters degrees and two doctoral programs.

7.4 Difficulties Experienced by Fellows

Despite the successful completion by the twenty-five long term fellows of their registered program some difficulties were experienced in satisfying entry criterion for their program. Six of the long term fellows stated that they had experienced some difficulties due to the following reasons:

- . two of the students were enrolled conditionally in their masters program, one had difficulties in satisfying the American Graduate Record Examination (GRE);
- . a second was as a result of not having completed high school in Australia, despite the fact that the person was an adult matriculant.

Other difficulties experienced by the fellows were:

- . Standard of Australian Master of Education (First Class Honours) from an Australian university not initially recognised for direct access to Ph.D. Doctorate Program. Direct Ph.D. access was offered at Columbia University (New York) and UCSF (San Francisco) and UCLA (Los Angeles).
- . University failed to recognise my Australian clinical experience - so was not an 'approved student' on leaving Australia. Had to furnish additional documents in person - no difficulties once this had been done. University did have a policy that all nursing students had to have a Bachelor of Nursing. Must have been waived for me.

- . I was not aware of the difference between the US doctoral programs, nor that the Post Graduate Diploma (PG₁) I held was a basis for seeking entry to a Doctorate in Nursing Science.
- . Admission to Master Program required 800 score on 'GRE'. Sat for GRE twice without obtaining desired score - admitted to program by 'exception'.

One fellow wishing access to a doctoral program was not initially accorded status for a Master of Education honours degree obtained in Australia, but this problem was overcome following negotiations.

Table 14: Major Difficulties During Your Fellowship

	LONG TERM n=25	SHORT TERM n=35	
	YES	YES	TOTAL
Study Program? Institution?	4	3	7
University?	2	1	3
Supervisors?	3	4	7
W. K. Kellogg Foundation?		1	1
Housing?	5	5	10
Travel Arrangements?			-
Other?	3	5	8
Difficulties			36

Housing was seen as the most difficult problem facing the fellows.

A number of other difficulties were recorded by the long term fellows. Four had major difficulties with their study program, two had problems with the universities in which they had enrolled and three reported a serious level of disinterest on the part of their supervisors. Five reported problems with housing, (all these were inadequately housed in the first instance and used their own

initiative to find alternative accommodation). Three reported problems with the peculiarities of the American banking system (see Table 14).

Short term fellows had no difficulty in satisfying entry requirements. Three were dissatisfied with their study program and questioned the relevance for them. Four complained of disinterested supervisors. Five had housing problems that they solved for themselves. Five had other difficulties, including banking. (For full details see Appendix 13, p.179-192.)

7.5 Participation in Conferences, Visits, etc.

During the fellowships students were given the opportunity to attend conferences, workshops and site visits to enhance their study programs. The results showed a higher level of activity among the short term fellows rather than the long term fellows. This was probably due to the nature of their programs as they were not constrained to achieve success in their study program and the subsequent award of a Master's degree.

7.6 Recognition of Qualifications on Initial Return to Australia

In general, the long term fellows reported no recognition in the workplace, by an educational institution or by a financial payment, on return to their workplace. Three recorded that their workplace gave some recognition and one indicated that the qualification

attracted an allowance (see Table 15). Fourteen of the twenty-five long term fellows provided responses to the open-ended question.

Table 15: On your return to Australia was recognition accorded to your award, or qualification, or credits?

	LONG TERM n=25		SHORT TERM n=35	
	YES	NO	YES	NO
(i) In the work place	2*	8	1	15
(ii) By educational institution		7		21
(iii) Financial payment	1*	14		26
* With difficulty				

The short term fellows fared even worse with regard to recognition, only one believing that recognition had been accorded to her fellowship in the workplace. Some commented that they were perceived to be a threat. One reported being told that American ideas and jargon were not applicable here. (See full results in Appendix 14, p.191.)

8. IMPACT OF THE FELLOWSHIP

8.1 Opportunities to Contribute

The impact of the fellowship section of the questionnaire was similar for both long and short term fellows. The information was sought to verify the effects of the fellowship on each recipient. The fellows were asked whether they believed that they had greater opportunities (than before their fellowships) to contribute to nursing or any form of endeavour over a range of twelve areas, including an opportunity

to add in areas that were not specified. Detailed responses were tabulated and showed a very strong indication that both the long and short term fellows believed that since their fellowships their opportunities were greater.

An increasing difference was noted in results between the long and short term fellows which may be best shown by examining the totals of responses in all of the categories.

Item 13.1 of the questionnaire asked the participants to record their opportunity to contribute to twelve (12) categories of endeavour using a scale from one (1) to five (5). The results were interesting in respect to their clustering. Table 16 illustrates the clustering. The numbers in the table indicate the frequency that the numbers one to five were selected by the fellows.

Table 16: Opportunity to Contribute Summary of Findings

CATEGORY	OPPORTUNITY TO CONTRIBUTE				
	Frequency of Selection Rating		Much Less	Same	Much Greater
	1	2	3	4	5
Long Term Fellows	1	5	102	99	50
Short Term Fellows	5	6	51	64	76

There is evidence here that both groups believed that they had a greater opportunity to contribute to some area related to nursing. The clustering of results also revealed an interesting difference in the response rate between the two groups. The long term fellows clearly responded more positively than the short term fellows. The

scores for the long term fellows were skewed towards greater participation than for the short term fellows.

The significance of the Kellogg Fellowships providing greater opportunities was a concern since it could not be taken for granted that the Kellogg Fellows would attribute these opportunities to their fellowships.

Twenty-one out of the twenty-five long term fellows believed that their fellowships were significant or very significant in attracting these opportunities. Twenty-two out of twenty-five believed that their fellowships had allowed them to take advantage of these opportunities. The long term fellows reported that they took advantage of the opportunities. The fellowships had equipped them to rise to the occasions and to take an advantage of these opportunities.

Thirty-one short term fellows out of thirty-five reported that their fellowship had been significant to very significant in attracting opportunities. Thirty-one believed that these fellowships had been significant to very significant in allowing fellows to take advantage of the opportunities offered.

8.2 Change of Employment

Information regarding the change of position of employment since the fellowship was used to measure whether the fellows had more status

and interest in the current position as opposed to the pre-fellowship position.

Twenty-four out of the twenty-five long term fellows responded that twenty had changed their position of employment since the fellowship.

Twenty-nine of the thirty-five short term fellows responded that they had changed their positions following the fellowship. Overall, fifty-three fellows out of the total respondents of sixty had changed their positions.

The level of interest expressed in this new position was very significant. Seventeen of the twenty long term fellows, eighty-five per cent (85%), stated that the position was much more interesting. The short term fellows responded that twenty-seven of the twenty-nine respondents found their new positions to be much more interesting. Forty-four of the fifty-three respondents stated they had more interesting positions.

8.3 Status in New Position

Twenty-four out of twenty-nine short term fellows, eighty-two per cent (82%), had increased status with their new positions. Their comments reflected more autonomy, self-confidence and increased job satisfaction.

Of the long term fellows, sixteen out of the twenty, eighty per cent (80%), reported that they had increased status and increased

responsibilities with their new positions with regard to decision-making powers.

8.4 Higher Salaries in New Positions

It was anticipated that if there was a change in position it would attract a higher salary. These responses should be tempered against the general increases in salaries gained by nurses following the completion of successful wage negotiations by the nurses industrial associations in all states in Australia during 1987.

Notwithstanding this factor, fifteen of the twenty-five long term fellows, sixty per cent (60%), reported that they had attracted a higher salary with eleven fellows responding that their current salary was more than fifty per cent (50%) higher than the position they occupied prior to the fellowship. Overall, twenty-two of the long term fellows reported an increase in salary with sixteen reporting an increase of over forty per cent (40%) or more since their return.

The short term fellows reported that twenty-four of the thirty-five fellows had attracted a higher salary with nine reporting a salary increase of forty per cent (40%) or more following the fellowship.

Whereas eleven long term fellows reported a salary increase of more than fifty per cent (50%), only one short term fellow reported this factor.

8.5 Attrition From Nursing

It was considered that the chance of gaining a fellowship might have influenced these nurses to change direction and move away from nursing as a career. However, the responses from both groups only found a small attrition rate. One short term fellow stated that on return to her original position she achieved her goals and then changed to administration at a higher level. However, the fellow found that the change was not successful and decided to leave nursing and undertake further study toward occupational health. Several other fellows reported that lack of recognition or support in their current workplaces was leading to uncertainties that they might be forced to move outside the nursing field. This will be reported in more detail in the section that addresses the overall impact of the W. K. Kellogg Foundation Australian Nursing Fellowship.

9. MAJOR ACHIEVEMENTS SINCE FELLOWSHIPS

To measure impact of the fellowship on the recipients it was expected that given the opportunity to participate they should be able to demonstrate that they had significant major achievements following the fellowships. Fourteen out of twenty-five long term fellows responded. Several had received research grants and three had received further scholarship to undertake study tours or attend conferences. One fellow reported being accepted into a doctoral program and was the first nurse to be admitted with a nursing only degree at that institution. Another fellow reported undertaking a

Doctoral program through the Department of Social and Preventive Medicine.

Many of the others reported that in their workplace they had contributed to a range of projects or programs, including:

- . the development and implementation of a geriatric assessment team that is now a national model;
- . setting up a physical assessment laboratory;
- . the development of a standards and quality audit tool for ambulatory paediatrics;
- . collaborative qualitative research;
- . membership of the Public Health Committee of the National Health and Medical Research Council;
- . evaluation of large public health programs for minority groups.

Twenty-seven of the thirty-five short term fellows responded and most reported that they were undertaking study programs both at graduate and postgraduate levels. One fellow anticipates being accepted into a doctoral program. Eight of the short term fellows have either completed or are undertaking Master's programs, although some are not in nursing.

This group has contributed to nursing by:

- . being involved in the development of community projects that have achieved the Innovative Community Program Award;
- . being involved in the preparation and implementation of manuals in the workplace;
- . being guest speakers at conferences;
- . undertaking research as an officer of the Australian Council on Hospital Standards;
- . gaining further scholarships, one to the University of Michigan to undertake a Master's degree in Public Health; and
- . gaining sponsorship to significant overseas conferences.

Further details of these achievements can be found in Appendix 12.

10. OVERALL IMPACT OF THE FELLOWSHIP ON THE RECIPIENT

An open-ended question was asked of both groups about the overall impact of the W. K. Kellogg Foundation Australian Nursing Fellowship.

Only one of the short term fellows did not comment on the impact of the fellowship. Only two fellows responded negatively, with these comments listed below:

- . Initially I was highly motivated and anxious to share my newly gained knowledge with my cohorts, this was not generally appreciated by them and now I have very little motivation and interest toward my area of study.
- . The initial impact was to open doors for me and on my return to my workplace I set up a Total Patient Care Model for nursing. Then I moved to another position (a promotion) in nursing administration and resigned following burnout. I am working in occupational health and studying part-time for a Bachelor of Arts (major in Psychology).

All the other fellows reported an increase in confidence, broadening of horizons and professional development. Network of contacts within the United States have been formed with evidence being presented of reciprocal visits being undertaken. (See Appendix 15 for full results.)

The impetus toward further study and commitment to nursing is registered by the majority of the respondents. This is summed up in the following comments:

- . It has opened new doors and insight into my nursing potential. This has been achieved by a greater confidence in my abilities and a significant commitment to nursing in general.
- . Because of the professor I studied with in the USA, and the research I undertook under her direction, I was successful in being accepted to a doctoral program without having completed a Master's degree.

Two long term fellows out of the twenty-five did not provide comments on the overall impact of the W. K. Kellogg Foundation Nursing Fellowships. All the comments were positive, the most outstanding being:

- . Successful completion of the two degrees which would have been impossible without Kellogg - my career prospects are unlimited. (This recipient had a Doctor of Nursing Science conferred in June 1988.)
- . The principal advantage of the fellowship experience is the confidence it engenders in Fellows to return to Australia to take a key role in opinion leadership in nursing.

However, one of the fellows reported:

I was very privileged to receive the fellowship - my study period was stimulating, challenging and growth promoting (both personally and professionally). I look back on it as two of the best years of my life. What is unfortunate is that it is such a growth promoting experience it is difficult to find one's former colleagues challenging. There is a tendency for one's colleagues to "punish" those who return from a period of extended study overseas. So one really pays a price for this experience. I firmly believe that it is worth it though.

The same feelings of self-confidence, rejuvenated interest and commitment to nursing in Australia recorded in these findings were consistent with the short term fellows.

If the fellows had any degree of negative feeling towards the experience or lack of benefits from studying in the United States, they should have responded negatively to Question 13.11. This question asked all fellows if they would consider further study overseas, for long term or short term periods. Only three of the twenty-three long term fellows who responded stated that would not consider study overseas.

Twenty-nine of the thirty-four respondents from the short term fellows stated they would undertake further study overseas.

Further long term study was the most popular form of study indicated by all the respondents.

The final question elicited information regarding any recommendations that the fellows believed could have improved (in retrospect) the W. K. Kellogg Foundation Australian Nursing Fellowship Program. (Full details can be found in Appendix 16, p.200-207.)

Eighteen of the long term fellows responded; several of the comments are very pertinent and could provide direction for further fellowship programs, the most significant comments being:

- . Preparation of nurses in Australia for the return of highly qualified registered nurses. I believe we found the same prejudices as our young college graduates.
- . More information on how to approach universities for family assistance, housing and schooling. Very much a trial and error experience that was painful for the first six months.
- . W. K. Kellogg support is excellent. However, the Foundation might consider contributing toward research/field work expenses undertaken in Australia, as part of the study program the candidate is completing in the States, especially when it is necessary for the candidate to return to America to submit the completed work and the Foundation is exempt from paying the usual on-campus fees in the U.S.

Five of the thirty-five short term fellows did not respond to the questions regarding recommendations for the W. K. Kellogg Foundation Australian Nursing Fellowship Program. Several of the significant comments are listed below:

- . I do believe that the fellow must be highly motivated, especially if things don't go according to plan. Easy to become despondent and possibly miss out on available opportunities. Must reorganise and regroup ideas for

the program that has collapsed due to, for example, people leaving, moving, retiring and becoming ill.

- . More recognition/understanding by the host university/ies of our "home" qualifications and experiences.
- . The final stipend payment to be made in advance. I had considerable financial difficulty at the time of departure - all of which could have been avoided. I had to borrow money because the cheque from the Foundation arrived the day I flew out. It was a distressing situation.
- . Some formal evaluation of the program should have been built into the initial proposal. Some expectation that the recipients could have presented a progress report after twelve months. Also some discussion with recipients of how they would disseminate the information in their workplaces on their return.
- . It was a personal and professional highlight:
 - in some cities vetting of accommodation locations would ensure student safety;
 - allowance based on location because of the cost of accommodation;
 - one had to be very, very frugal.
- . More commitment from host university about programs available and dates for programs offered. Some classes were booked out before my arrival.
- . I would find it hard to suggest improvements as every effort was made to facilitate my study program, despite some minor disappointments I felt with the calibre of one of my professors. The university staff were also most helpful with settling housing arrangements for me and extended hospitality as well. Likewise the Kellogg Foundation was extremely supportive, I would say, though, that some warning about the general squalor and even fear present in some cities would have been in order at the time of sending out information to prospective applicants.

In general most remarks from the short term fellows were to improve the program whereas the long term fellows were generally praising and supporting the program. (See Appendix 16 for details of the comments.)

11. ADVERTISING OF THE PROGRAM

The W. K. Kellogg Program was advertised by sending out a poster and information booklet to eight hundred hospitals, Health Commissions, Executive Officers of nursing associations, and to colleges of advanced education. Advertisements appeared in nursing journals, The Lamp and Australian Nurses' Journal as well as in the major newspapers and magazines. In 1982 there were one hundred and eighty-one application papers sent out and sixty-four completed applications received. In 1983 there were two hundred and sixty application papers sent out with ninety-three completed applications received.

The selection panel was chaired by the National Chairman of the Australian-American Educational Foundation. As well, the selection panels for both the national and state committees were composed of high ranking officials from the US embassy, College of Nursing, Australia, colleges of advanced education and Directors of Nursing and the Fulbright executive.

12. COSTING

Information obtained from the Annual Reports of the W. K. Kellogg Foundation from 1978 to 1986 reveal that the Australian-American Educational Foundation received a total of \$Aust227,055 to set up, implement and assist in administering Kellogg Australian Nursing Fellowships.

Using these annual reports and a list of fellows from the College of Nursing, Australia, it is difficult to reconcile actual names and total number of the fellows. A complete list of fellows, reflecting any changes in status and names, is not available. However, with the available data it is possible to provide an approximation of the funding provided to the Fellows by the W. K. Kellogg Foundation. The fellows received approximately \$2,016,229, added to the \$227,055 paid to AAEF, totalling \$US2,243,284 US dollars, (approximately \$Aus2,800,000). The administration costs for the W. K. Kellogg Foundation in Battle Creek are not available but would be substantial due to level of support given to each fellow and the actual length of the program (some fellows did not return until 1987).

As well, some nurses received payment from their places of employment: six long term fellows and seven short term fellows received leave with pay, some also took a combination of leave with pay and long service leave payments.

Similar to the NHMRC studies, some fellows reported that the stipends were not adequate and some reported living frugally, especially in cities with high rents. Details of the benefits available for the fellows were provided in the information booklet sent to the applicants with the application forms (see Appendix 6).

13. RECENT DEVELOPMENTS

The College of Nursing, Australia in April 1988 requested that the W. K. Kellogg Foundation consider the establishment of a further

Fellowship Program to provide an opportunity for a limited number of Australian nurses to study at doctoral level in North America. The request for a doctoral program reflected the changing role of nurses in Australia. Nurses are now expected to participate in policy formulation and planning at all levels of the health care system. The introduction of Clinical Nurse Consultant positions within the nursing career structures requires a significant number of expert nurse clinicians prepared to doctoral level. To date there are no doctoral level nursing programs in Australia. Although the need to develop such a program is recognised, it is not planned until 1991-1993 and is dependent upon an adequate number of nurses holding a doctoral qualification to develop and supervise these programs.⁵⁹

SUMMARY

The review of previous evaluation studies showed that certain indicators were used to measure the effectiveness of these programs. These measures included details of pre- and post-fellowship educational and career path details. Other indicators such as promotion, attrition rates from the profession, research, publication and the reported impact on the recipients of the fellowship were used to confirm the findings by the participant's self assessment of the program.

Nurses awarded the W. K. Kellogg Foundation Australian Nursing Fellowships were expected to achieve both personal and professional development through their period of study in the United States and Canada. Then upon their return to Australia they were expected to

disseminate the results of their study for the benefit of other nurses within Australia. The stated aims were the same for both the long and short term fellows.

A number of survey methods were used to obtain the data to undertake this study, namely: a review of the relevant literature, accessing and using both anecdotal and archival data, and the design, pre-testing and mail out of a questionnaire to all the recipients in Australia. However, the College of Nursing Australia has a mailing list of only seventy of the seventy-eight fellows, three of the seventy names were as listed either not known at the address given or not eligible to respond to this questionnaire. There were sixty respondents from the target group of sixty-seven fellows, twenty-five long term and thirty-five short term fellows. The response rate being eighty-nine point nine per cent (89.9%). It should be noted that one fellow was counted both as a short term and long term fellow, being a dual recipient.

The overall methodology of the study was checked against the evaluation process suggested by the World Health Organization in 1981. The selection of the survey methods was scrutinised against the criteria as discussed in Warwick and Lininger (1975) for appropriateness of the objectives of the research, accuracy of measurement generalisability of the results, the explanation of the results, administrative factors and the avoidance of both ethical and political problems.

To ensure that any claim for causal significance in this study could be made it is acknowledged that five criteria have to be met before any conclusion can be drawn. The five criteria are consistency of results appraised against other studies, strength, specificity and coherence of association as well as temporal relationship.

The responses to the measures in the study provide both qualitative and quantitative data. The validity and reliability of the questions was checked for consistent and similar results within the study and between the other studies. The response rate to all questions was high.

The profile of the group of nurses being studied showed that there were only two male respondents, and forty-nine of the fellows were aged between 30-49 years. Thirty-five out of the total of sixty respondents had completed four years or less of secondary education. One person had completed only one year of secondary education, but later gained adult matriculation.

The national survey of nurses in 1978 showed that of the 90,597 respondents, eighty-nine per cent (89%) had not undertaken any further studies. Eleven per cent (11%) had undertaken further studies; five per cent (5%) had completed either Doctor of Philosophy, Master or Bachelor degrees. Compared to information collected in this survey on the educational profile of the Kellogg Fellows overall there were forty degrees, five with masters and nine with post-graduate diplomas. Some of the qualifications were gained in areas outside nursing. The results showed that the fellows were

indeed among the five per cent (5%) of the 90,597 respondents who had completed their studies. In 1986 there were less than zero point five per cent (0.5%) of nurses with degree status.

It was found that this group had also benefited from previous fellowships, eighty-four per cent (84%) of long term fellows and forty-two per cent (42%) of the short term fellows had previous fellowship to complete secondary and tertiary studies.

All the long term fellows reported successfully completing their fellowship programs with one exception. That one exception completed a Masters degree successfully and had almost completed a Doctoral program but was forced to return to Australia due to a family illness. The twenty-five long term fellows completed twenty-four masters degrees and two doctoral programs. However, eighteen of the twenty-seven short term fellows stated on their return to Australia they were undertaking or completing their studies. Eight of the short term fellows have completed or are undertaking Master's programs although some are not in nursing.

Initially on their return to Australia, both long and short term fellows reported lack of recognition in the workplace, financial payment or by an educational institution. However, when assessing the impact of the fellowship on the recipients:

- twenty-four out of the twenty-five long term fellows reported that they had changed their position, sixteen out of twenty

respondents reported increased status and responsibilities with the new position;

- with the change in position, fifteen of the long term fellows reported they had attracted a higher salary with eleven fellows reporting their current salary was more than fifty per cent (50%) higher than that paid in the position they held prior to the fellowship;
- twenty-nine of the thirty-five of the short term fellows responded they had changed their position with twenty-four of the twenty-nine short term fellows reported increased status with more autonomy, self-confidence and increased job satisfaction;
- as well, twenty-five short term fellows reported that they had attracted higher salaries since their return, with nine reporting an increase of forty per cent (40%) or more following the fellowship;
- only a small attrition rate from nursing was found.

The number of publications produced as a result of fellowship award was used in three previous studies as a measure of effectiveness. This study showed that although the nurses were publishing, the long term fellows had increased publishing from five pre-fellowship to fifteen post-fellowship.

Overall, only three fellows out of the sixty respondents did not comment on the impact of the fellowship and only two short term fellows responded negatively, one reporting burn-out and the other that the lack of interest by cohorts had resulted in lack of motivation and interest in the area of study.

The short term fellows reported an increase in confidence, broadening of horizons, commitments to nursing and to further study. Whereas the long term fellows reported more self confidence, rejuvenated interest and commitment to nursing.

A recent survey of the College of Nursing, Australia membership has shown that only twenty-four Australian nurses hold a doctoral qualification, twenty being in a discipline other than nursing. Results shows that of the total professional nurse population of 100,000, less than point three per cent (0.3%) have completed doctoral programs.⁶⁰

The W. K. Kellogg Foundation in July 1988 notified the College of Nursing, Australia that they had considered the request for a doctoral fellowship but felt that emphasis should be on programs for Latin America and Africa.

CONCLUSION

A number of indicators such as pre-and post-fellowship educational and career path activities were assessed in this study. Other indicators such as level of publication, job promotion, attrition

from the profession and the reported impact of the fellowship on the recipients were used to confirm the effectiveness. The research methodology of this study included extracting and using information from archival and anecdotal material, reviewing the literature and formulating a questionnaire that was mailed out to seventy names on the mailing list of the College of Nursing, Australia. The methodology for the overall study was scrutinised against the framework of an evaluation recommended by the World Health Organization.

The finding of the study indicated that the fellowships were effective in meeting the stated aims for the nurses to achieve both professional and personal development and to disseminate the results of their study on return to Australia, resulting from the award of the W. K. Kellogg Foundation Nursing Program in Australia.

REFERENCES

61. College of Nursing, Australia. Submission to W. K. Kellogg Foundation for Funding of a North American Nursing Doctoral Program for Australian Nurses, April, 1988.

CHAPTER FIVE

DISCUSSION OF RESULTS

Although this study used the conceptual framework suggested by the World Health Organization (1981) to undertake evaluation of the programs, the main advantage of this evaluation process was the comprehensive definition of the terms provided. Effectiveness measures the degree of attainment of the pre-determined objectives and targets of the program. This model proved useful as a checklist to monitor the progress of the study.

The Public Service Board used a modified version of Stufflebeam's Context, Input, Process and Product (CIPP) Model to systematically evaluate the Executive Development Scheme of the Public Service Board Scheme. Likewise, this study to determine the effectiveness of the W. K. Kellogg Foundation Australian Nursing Fellowship Program on the recipients could have used this model, the background and assessment of the deficiencies and barriers of nursing education in Australia being the Context of the program, and the Input the submission from the Federal Office of the Royal Australian Nursing Federation and the liaison with the W. K. Kellogg Foundation. The Process was the award of the fellowship and the subsequent study program for the fellows in the United States and Canada. The Product was the outcome of the program and the impact of the studies and program on the fellows. The purpose of product evaluation is to measure, interpret and judge

the attainments of a program. The main objective of product evaluation is to ascertain the extent to which the program has met the needs of the group it is intended to serve.

Nurses awarded the W. K. Kellogg Australian Nursing Fellowships between 1979-1983 were expected to achieve both personal and professional development through their period of study in the United States and Canada, then upon their return to Australia to disseminate the results of their study for the benefit of other nurses within Australia. The cost of this program was approximately \$A2.8 million although it is difficult to ascertain the final costs - a very generous funding allocation by the W. K. Kellogg Foundation to Australian nursing.

The Federal Office of the Royal Australian Nursing Foundation, supported by other nursing organisations, had been instrumental in achieving the award of these prestigious fellowships for Australian nurses but it was not without difficulties.

The Australian Conference of Principals of Advanced Education sought clarification as to whether the nursing program jeopardised the wider program planned for health science personnel by the W. K. Kellogg Foundation in Australia.

Professor Andrew, a representative for the AAEP on the national selection committee, stated the program would be conducted as for the Fulbright Award, although academic requirements and opportunities for nurses were in no way comparable with requirements and opportunities

available for Fulbright Awards. Nonetheless, the Nursing Fellowship should be conducted within a framework of excellence relevant to education opportunities available in Australia and health service requirements. Selection procedures must provide for the highest probability that the best and most appropriate nurses would be successful.

Opportunities for nurses were limited. The Australian Bureau of Statistics census figures revealed in 1986 that only zero point five per cent (0.5%) of Australian nurses were prepared at baccalaureate level. This compared less favourably with the United States where in 1980 twenty-three per cent (23%) of nurses were prepared to baccalaureate level.

Nursing was not regarded as a professional occupation by the Australian Public Service. In a major study in 1986 the criteria used to classify a professional person was an occupation outside the clerical/administrative stream for which a university degree or equivalent is the normal entry requirement. The lack of professional status was also reflected in the average salary for nurses in the Australian Public Service. As a group they had an average annual salary of less than \$21,000 per annum whereas the lowest paid group of professionals, the radiographers, had an average salary of \$26,100 that was considerably less than the average of \$35,000 for all other professionals, within the Australian Public Service. The Australian Bureau of Statistics during the 1986 Census of Population and Housing, classified an occupation according to the main tasks and

duties performed in that occupation. Nursing is still classified as a para-professional occupation.

The review of previous evaluation studies showed that certain indicators were used to measure the effectiveness of previous programs. The indicators to measure change included details of pre- and post-fellowship educational and career path activities to allow comparisons to be made. Other indicators considered were promotion, attrition rate from the profession, research and publication. The major indicators used in the evaluation of the Executive Development Scheme were:

- the impact of the program, usually recording self-perception;
- rates of promotion; and
- career path details.

All these studies used similar survey methodologies, archival retrieval, literature reviews and the use of survey instruments that asked for qualitative and quantifiable data to measure the change using a range of indicators.

In order to measure the effectiveness of this program, the methodology chosen to provide the information was assessed against Warwick and Lininger's criteria: the appropriateness of the objectives of the research; accuracy of measurement; generalisation from that study that can be made to other studies and other populations; the explanation of the findings; administrative factors and the avoidance of ethical and political problems.

A number of relevant survey methods were used to collect the data to measure the effectiveness of this program. These included a literature review, anecdotal and archival material to set the context of the study and to refine the questionnaire that was pre-tested and mailed to seventy fellows by the College of Nursing, Australia.

Sixty nurses responded to the questionnaire that was received by sixty-seven nurses. Of the responses, thirty-five were short term fellows and twenty-five long term fellows. A response rate of eighty-nine per cent (89%) supports the claim that the survey was seen to be of value by the group and would provide evidence to support a case for further fellowships for nurses. The response rate for other evaluation studies have been high, ranging from ninety per cent (90%) for the National Health and Medical Research Council to a sixty-four per cent (64%) response rate to the survey for the Executive Development Scheme in 1985.

DETAILS OF PRE-FELLOWSHIP EDUCATIONAL QUALIFICATIONS

The study of the W. K. Kellogg Australian Nursing Fellows showed that thirty-two of the sixty nurses had completed four years of secondary schooling. One person had only completed one year of secondary schooling. Seventeen had completed six years of secondary schooling. Considering the 'trade level' entry requirements for nursing that prevailed almost until the eighties, this was not surprising. Their subsequent academic achievements were by comparison quite considerable.

Twenty fellows had Bachelor's Degrees from non-nursing disciplines and thirteen held qualifications at post-graduate level from non-nursing disciplines.

The twenty-five long term fellows held thirty-three qualifications at Diploma, Degree, or Master Degree level in nursing and an additional twenty qualifications at similar levels in non-nursing disciplines.

Short term fellows held thirty-four Higher Education Nursing qualifications between them, thirty-five of them at Diploma or Bachelor's Degree level. Besides this they held an additional sixteen diplomas, degrees and post-graduate qualifications in non-nursing disciplines. Only one of the recipients did not hold higher education qualifications.

DETAILS OF POST-FELLOWSHIP EDUCATIONAL QUALIFICATIONS

Most long term fellows were enrolled in Master's Degree Courses. One completed a Master's Degree and enrolled in a Doctoral program. Another was enrolled in a Doctorate of Education (Nursing Program). A third completed a Master's Degree and subsequently enrolled in a Doctorate of Nursing Science. Two of them completed their Kellogg Program and later returned to the United States to complete their Doctorate. The twenty-five long term fellows successfully completed twenty-four Master's Degrees and two Doctoral Programs.

On return to Australia, one fellow reported having been accepted for a Doctoral Program and was the first nurse to be admitted with a

nursing-only degree at that institution. Another fellow reported undertaking a Doctoral Program through the Department of Social and Preventive Medicine.

Twenty-seven of the thirty-five short term fellows reported undertaking studies, eight of whom have either completed or are completing Masters programs. One fellow reported anticipated acceptance into a Doctoral Program.

COMPARISON OF FINDINGS FROM PREVIOUS STUDIES

The Australian Public Service has an Executive Development Scheme (EDS) for officers of proven ability and demonstrated capacity for development and further advancement to higher administrative duties. In this study questions were asked about personal details, career history, the fellowship, achievements and impact of the fellowship on the participants.

PROMOTION

The Executive Development Scheme evaluation found that there was a higher rate of promotion for the 244 participants than that of officers classified at comparable levels in the potential client group, sixty-two per cent (62%) of all participants being promoted. Promotion was used as an indicator of achieving the aims of the Scheme, although some people questioned this criteria being used as the sole indicator of success of the Executive Development Scheme.

Similar information obtained from the W. K. Kellogg Fellows showed that twenty-four of the twenty-five short term fellows had changed their position since their return, fifteen of the long term fellows reported they had attracted higher salaries with eleven fellows stating that their current salaries were more than fifty per cent (50%) higher than the position they occupied prior to the fellowship. Twenty-nine of the thirty-five short term fellows responded that they had changed their position since the fellowship. Overall, fifty-three fellows out of the total respondents of sixty had changed their positions, with thirty-nine of these attracting a higher salary and forty reporting increased status.

Twenty-four of the short term fellows had attracted a higher salary with nine reporting a salary increase of forty per cent (40%) or more following the fellowship.

There was a reported increase in status with the new position:

- . Twenty-four of the twenty-nine short term fellows had increased status with their new positions. Many reported more autonomy, self-confidence and increased job satisfaction.

- . Sixteen of the twenty long term fellows reported that they had increased status and increased responsibilities with their new positions. Many reported greater status especially with regard to decision-making powers.

IMPACT MEASURES

To measure the impact of the fellowship a similar question to the Executive Exchange Development Scheme was asked of the W. K. Kellogg Program fellows, namely, 'What impact did the program have on you?'

Only one of the short term fellows did not comment on the impact of the fellowship and only two responded negatively. One reported suffering burnout following initial enthusiasm to contribute to nursing. Another reported that negative feedback from peers regarding sharing the knowledge gained led to a lack of motivation and interest in the area of study.

All the other fellows reported an increase in confidence, broadening of horizons and professional developments. The impetus towards further study and commitment to nursing has been measured by the information that twenty-seven of the thirty-five short term fellows reported undertaking study programs both to graduate and post-graduate levels. Eight of the fellows have either completed or are undertaking Master's programs. One fellow reported that they expected to be accepted into a Doctoral program.

A direct question about further study for both groups was not included in the survey but in retrospect this may have been an oversight.

Only two of the long term fellows did not provide comments on the overall impact. The evaluation of effectiveness should include an

assessment of the satisfaction and dissatisfaction expressed by the target group. All the comments were positive, most reporting increased self-confidence, rejuvenated interest and commitment to nursing. All the short term fellows responded except one, and only two reported negative feedback of burn-out following initial enthusiasm and lack of support from cohorts.

The responses from both the long term and short term fellows were checked against the responses to the opportunities to contribute to nursing, using a wide range of indicators to measure change. Detailed responses showed a strong indication that both the long term and short term fellows believed that since their fellowship their opportunities to contribute were greater.

Twenty-one of the twenty-five long term fellows believed that these fellowships were significant or very significant in attracting these opportunities. The fellowship had equipped them to take advantage of these opportunities.

Thirty-one short term fellows of the thirty-five respondents reported that their fellowship had been significant to very significant in attracting and taking advantage of these opportunities.

The Executive Development Scheme noted that the following benefits were found from the participants' self-assessment of the program:

- increased self confidence;
- improved managerial expertise; and

- the broadening of perspectives about the government and public service.

The findings of the study of increased self-confidence, more autonomy and rejuvenated interest in nursing are similar to the findings of increased self-confidence resulting from the Executive Development Scheme.

Attwood (1972) found that fellowship awards can have both direct and indirect impact. The individuals receive positive reassurances of their capacity and acquire visibility that adds to their career paths.

ATTRITION

Whereas the results of the Executive Development Scheme showed that there was an attrition rate of seven per cent (7%), this study found that there was only a small attrition rate. Some fellows reported, however, due to a lack of recognition and support in their current workplaces leading to uncertainties, they might be forced to move outside nursing.

Do-Van-Quy et al (1976) reported that the great majority of the forty-four recipients of a special post-doctoral research fellowship remained in active research regardless of whether or not they obtained the second degree. Likewise the National Health and Medical Research Council study found that the Scheme was effective in

promoting post-graduate research and training. Seventy-eight per cent (78%) of the known 337 post-graduate scholars successfully completed a higher degree. Eighty per cent (80%) of 323 respondents currently undertake research. This study of the W. K. Kellogg Australian Nursing Fellows showed that twenty-five long term fellows successfully completed twenty-four Master's programs and two Doctoral programs. One fellow completed a Master's program successfully and had almost completed a Doctoral program but was forced to return to Australia due to family illness.

PUBLICATIONS

A measure of the effectiveness for both of the NHMRC programs was the level of publications, six to seven per scholarship for Study I and six to eight per training fellowship.

As a high proportion of former scholars and fellows held positions in academic or research institutes and hospitals, this study concluded that the fellowship program enhanced the career prospects of the recipients.

This study found that in the case of the long term fellows only five had previously published articles. After the fellowship the number had risen to fifteen who were publishing. For the short term fellows there was a marginal increase in the number who published.

PREVIOUS SCHOLARSHIPS

Fellowships or scholarships were among the limited opportunities available for nurses to study on a full-time basis. Eighty-four per cent (84%) of long term fellows had benefited by previous scholarships or fellowships. Of the short term fellows, forty-two per cent (42%) were previous scholarship winners.

RE-INTEGRATION TO WORKPLACE

Overall the fellowships were found to have an impact personally on the recipients. However the recipients were asked to comment on initial problems of recognition in the workplace, by an educational institution or by financial payment on return to their workplaces.

In general, the long term fellows reported no recognition but three recorded that their workplace gave some recognition and one reported that the qualification attracted an allowance. The short term fellows fared even worse with regard to recognition, only one believing that recognition had been accorded to this fellowship in the workplace. Some commented they were perceived as a threat on their return.

These findings were reflected in the comments about recommendations that could have improved (in retrospect) the W. K. Kellogg Foundation Australian Nursing Fellowship Program.

One of the long term recipients responded that preparation in Australia for the return of highly qualified registered nurses was needed: 'I believe we found the same prejudices as our young college graduates.' This factor was addressed in the recommendation from the evaluation of the Executive Development Scheme. Key factors in re-integration to workplace included career planning interviews with mentors, and the need for the Public Service Board to be more actively involved in ensuring that maximum use was made of the investment in these people. The role of a mentor was discussed. It was also mentioned by one of the Kellogg fellows that an independent mentor was needed both in America during the fellowship and on return to Australia.

Likewise, one of the short term recipients offered a suggestion that 'some understanding and recognition by the American host university/ies of our "home" qualifications and experience would have helped.'

CONCLUSION

The W. K. Kellogg Foundation recognised and supported the submission put to them by the Royal Australian Nursing Federation of the need for further educational opportunities for one hundred Australian nurses. Seventy-eight Australian nurses were awarded these scholarships. The program was implemented at an approximate cost of \$A2.8 million between 1979-1983.

Overall the sixty nurses in this study have shown significant achievements. The program had an impact on long term fellows who successfully achieved, whilst in America, twenty-four Master Degrees and two Doctorates. At least two nurses have on their return to Australia been accepted into doctoral programs. Twenty-four of the twenty-five fellows have changed their positions since their return, fifteen of these have attracted higher salaries, eleven fellows reported that their current salaries were more than fifty per cent (50%) higher than the position they occupied prior to the fellowship.

Sixteen of the long term fellows reported increased status and responsibilities in the new positions. Many reported greater status with regard to decision making.

Twenty-one out of the twenty-five long term fellows believed that their fellowship was significant or very significant in attracting opportunities to contribute to nursing. The fellowship had equipped them to take advantage of these opportunities. There was an increase in publications for the long term fellows.

The immediate impact of the fellowship on return to Australia showed that in general the long term fellows reported no recognition in the workplace but three were given some recognition and one reported that the qualification attracted an allowance. Comments on the overall impact of the fellowship were positive, most reporting increased confidence, rejuvenated interest and commitment to nursing.

The impact reported by short term fellows was that on their return to Australia twenty-seven of the thirty-five reported undertaking further studies. Eight of these have either completed or are undertaking Masters programs. One of the fellows reported that they anticipate being accepted into a Doctoral program.

Twenty-nine of the thirty-five short term fellows responded that they had changed their positions since their fellowship. Twenty-four of the thirty-five short term fellows had attracted a higher salary with nine reporting a salary increase of forty per cent (40%) higher than the position they occupied prior to the fellowship.

Twenty-four of the twenty-nine respondents reported increased status, many reported more autonomy, self confidence and job satisfaction.

The impact of the fellowship for the short term fellows showed an increase in confidence, broadening of horizons and professional development.

Thirty-one of the thirty-five short term fellows believed that the fellowship had been significant to very significant in attracting and taking advantage of these opportunities to contribute to nursing.

Only one of the short term fellows believed that recognition had been accorded to their fellowship in the workplace.

Overall the W. K. Kellogg Australian Nursing Fellowship had a significant and timely impact on the sixty nurses who responded to

the questionnaire. Twenty-four of the long term nurses were awarded Masters Degrees, whereas eight of the short term fellows on return have either completed or are undertaking Masters programs. Two of the long term fellows were awarded Doctorates from the US and at least three other fellows are undertaking Doctoral programs. Twenty-seven of the thirty-five short term fellows were undertaking study programs both to graduate and post-graduate levels.

Fifty-three of the sixty fellows had changed their position on return, forty reporting increased status, with fifty-two reporting that they increased opportunities to contribute to nursing.

Twenty fellows reported an increase of salary of forty per cent (40%) higher than the positions they occupied prior to the fellowship. There was a small attrition rate reported but some fellows did report that due to lack of recognition and support in their current workplace they might be forced to move outside nursing.

The majority of nurses stated that the fellowships had given them increased self-confidence, rejuvenated interest and commitment to nursing.

The aims of the program have been achieved, that is, nurses awarded the W. K. Kellogg Australian Nursing Fellowships between 1979-1983 were expected to achieve both personal and professional development through their period of study in the United States and Canada, then upon their return to Australia to disseminate the results of their study for the benefit of other nurses within Australia. This study

had findings similar to other studies undertaken to evaluate the effectiveness of fellowship on scholarship programs. The methodologies used in this and the other studies were similar in that a range of indicators to measure change, both qualitative and quantifiable methods, were used, the main indicators being pre- and post-fellowship profiles and achievements. The problem of re-integration into the workplace was found in two studies. Attwood appears to reflect the finding by stating that the individual receives positive reassurances of capacity through the award and the competitive process, visibility adds to the effectiveness of a career, marked by increased self-confidence, promotion and the opportunity to contribute to nursing.

Results from the W. K. Kellogg Foundation program show that if nurses are given the opportunity to undertake further tertiary studies they will be successful and will continue to contribute to nursing within Australia.

The College of Nursing, Australia recently submitted a proposal to the W. K. Kellogg Foundation (April 1988) for a limited number of Australian nurses to study at doctoral level in North America. To date there is no doctoral level nursing program in Australia. A recent survey of the College of Nursing, Australia membership has shown that only twenty-four Australian nurses hold a doctoral qualification, twenty of these being in a discipline other than nursing. Only point three per cent (0.3%) of the nursing profession are prepared at doctoral level. The W. K. Kellogg Foundation and the College of Nursing, Australia have been supportive of this study and

both are awaiting the results to appraise the effects of the program. In July 1988 the College of Nursing, Australia was informed by the W. K. Kellogg Foundation that priority would be given for programs in Africa and Latin America. The lack of doctoral programs for nurses is indeed a barrier to the profession and the needs of Australian nurses to fulfil their professional and academic roles.

The findings of this study suggest that nurses should be given the initial opportunity and encouragement to enrol in the existing doctoral programs and that financial support for nurses be sought from nursing organisations, State and federal governments and from the academic boards of universities and colleges of advanced education. If this opportunity is not forthcoming there will not be enough nurses prepared at a doctoral level to administer the proposed doctoral program for nurses in 1991.

APPENDIX 1

FIVE SITES FOR INITIAL PLACEMENT OF LONG-TERM FELLOWSHIPS
W. K. KELLOGG FOUNDATION SEPTEMBER 1978

1. Loretta C. Ford, RN, Ed.D
Dean and Director of Nursing
School of Nursing
University of Rochester
260 Chittenden Boulevard
Rochester, New York, 14642
 1. Two-year master of science degree with concentrated study in the following clinical areas: Family, health, gerontology, psychiatry/mental health, pediatrics, medical/surgical and community Health.
 2. Continuing education for teachers of nursing for preparation in primary care (primary care is a type of ambulatory health service which provides comprehensive, continuous and coordinated care).

2. Lorene R. Fisher
Professor and Dean
Wayne State University
146 Cohn Building
Detroit, Michigan 48202
 - 1 Two-year master of science degree with concentrated study in the following clinical areas: long-term primary nursing care and/or community health nursing.
 2. Short-term courses in curriculum development.

3. Ms Ruth Pallister, Director
Master of Health Sciences
(Health Care Practice) Program
Health Sciences Centre
McMaster University
Room 3N27
Hamilton, Ontario L8S 4J9
 1. Master of science degree in health care practice.

4. Dr Joan Cobin
Chairman, Nursing Department
California State University
Long Beach, California 90840
 1. Master of science degree program with concentrated study in the following clinical areas: family, geriatrics, pediatrics, youth and mental health practitioner and critical care.
 2. Continuing education programs.

5. Dr Helen H. Burnside
Dean, School of Nursing
University of Hawaii
Webster Hall 416,
2528 The Mall
Honolulu, Hawaii 96822
 1. Continuing education programs in the following areas: Methods of Assessment, Screening Tools for Expanded Role Practice; Creative Learning Strategies for Adults; Health Assessment of Women; Dynamics of Child Abuse and Neglect; Interdisciplinary Health Team Development.

Australian-American Educational Foundation



Kellogg Nursing Fellowships in NORTH AMERICA

Applications for Fellowships are invited from Australian-registered nurses who wish to further their professional careers by undertaking a period of study in North America. *These Fellowships endowed by the W.K. Kellogg Foundation are tenable at certain prescribed universities and are available in two categories:*

Short-Term – for 3 to 6 months of further study and or clinical training not leading to a higher qualification.

Long-Term – for at least one year to enable the Fellow to obtain a masters degree.

CONDITIONS: Applicants must be Australian citizens or have "permanent resident" status in Australia, have at least five years post registration experience and have completed further nursing studies to diploma level at least.

Those intending to undertake a masters degree course must have a degree in nursing or alternatively, have a degree in a discipline related to nursing (eg. biological or behavioural sciences) plus a diploma in nursing.

BENEFITS: Travel costs for the Fellow (and dependents also in some cases), plus monthly stipend, health insurance and other allowances.

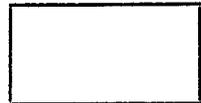
For further information and application forms write to the address below, specifying the category of award for which application is to be made.

**The Executive Officer
AAEF (Kellogg Fellowships)
P.O. Box 1559, Canberra City, A.C.T. 2601**

Closing date for applications: 31 August, 1981.

8799

AUSTRALIAN - AMERICAN EDUCATIONAL FOUNDATION



1.

Mr. <input type="checkbox"/>	Given Names	Family Name
Mrs. <input type="checkbox"/>		
Miss <input type="checkbox"/>		
Ms <input type="checkbox"/>		
Permanent Address		Phone:
Contact Address		Phone:
		Attach recent passport-style photograph here

APPLICATION FOR A
 W. K. KELLOGG FOUNDATION
 AUSTRALIAN NURSING FELLOWSHIP

- A Short-Term* (Non-Degree Study) Fellowship
 A Long-Term* (Degree Study)

* Delete whichever does not apply.

RETURN THIS APPLICATION AND ALL SUPPORTING DOCUMENTS TO:

The Executive Officer
 Australian - American Educational Foundation
 PO Box 1559
 Canberra City ACT 2601

AUSTRALIAN-AMERICAN EDUCATIONAL FOUNDATION

W. K. KELLOGG FOUNDATION AUSTRALIAN NURSING FELLOWSHIP

PROPOSED STUDY PROGRAM AND OBJECTIVES

CANDIDATE'S NAME:

Set out below your plans for the study program that you would undertake if awarded a Fellowship. Then, continue this statement by describing the immediate benefits that would accrue to you from the study period and the specific ways in which you would seek to apply those benefits on your return to Australia.

AUSTRALIAN-AMERICAN EDUCATIONAL FOUNDATION

W. K. KELLOGG FOUNDATION AUSTRALIAN NURSING FELLOWSHIP

STATEMENT OF PROFESSIONAL AIMS

CANDIDATE'S NAME:

Give below, in no more than this page, a brief autobiography concentrating particularly on the course of your career since entering the nursing profession. Include a statement covering your aims in choosing nursing as a career, the extent to which those aims have been achieved so far and how a period of study in North America will help you further them. Relate those aims to the whole field of nursing care and the ways in which it might be developed.



AUSTRALIAN-AMERICAN EDUCATIONAL FOUNDATION

Churchill House, 218 Northbourne Avenue, Canberra, A.C.T.

Ref: WKKF 1983/84

Telephone enquiries to:

Raylee Singh

Dear Sir/Madam,

This letter has been handed or posted to you by a candidate for a W.K. Kellogg Foundation Australian Nursing Fellowship on the understanding that you are prepared to act as a referee to his/her application.

Attached to this letter are:

1. a Referee's Report form for you to complete and return to the Australian-American Educational Foundation (AAEF) which acts for the Kellogg Foundation in the administration of this program,
2. on the back of the report form, the candidate's statement on the study program which he/she wishes to pursue in North America.

It would be appreciated if you could complete and return the Referee's Report form to the AAEF by the 31 August.

Should you have any questions please do not hesitate to contact this Foundation.

Yours sincerely

for B. FARRER
Executive Officer.

NOTE: Please type, or use black ink, on report form so that your comments are clearly legible when forms are photocopied.

AUSTRALIAN-AMERICAN EDUCATIONAL FOUNDATION

W. K. KELLOGG FOUNDATION AUSTRALIAN NURSING FELLOWSHIPS

Referee's Report

CANDIDATE'S NAME:

1. How long have you known the candidate?

2. In what capacity have you known the candidate?

3. To the extent that your personal knowledge of the candidate permits, please rate him or her on the qualities listed, marking the box that most closely describes the candidate with respect to that quality; '1' is the response most favourable to the candidate with '5' being the least favourable response.

	Rating	Not able to rate					
a) Present effectiveness in his/her professional work	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> </tr> </table>	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5			
b) Suitability for undertaking further study in nursing	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> </tr> </table>	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5			
c) Potential for clinical practice	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> </tr> </table>	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5			
d) Potential as a nurse educator	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> </tr> </table>	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5			
e) Potential as a nurse administrator	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> </tr> </table>	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5			

If you wish to qualify or expand on any rating, do so here:

.....

4. In your view, is it realistic for this candidate to attempt the study program as set out on the back of this sheet? Please give your reasons for believing that the candidate would, or would not, be able to cope successfully with that study program.

.....

APPLICANT'S PROPOSED STUDY PROGRAM



Their Excellencies
 The Governor-General and Lady Gowen
 have pleasure in inviting

Mrs M. Patten

to a Reception on Thursday, 24 April 1980
 at Government House at 4.00 pm

Dress

Dany French

Please reply to
 the A. D. C. on duty
 Government House
 Canberra, A.C.T. 2600
 Telephone (062) 81 1211



AUSTRALIAN-AMERICAN EDUCATIONAL FOUNDATION

Churchill House, 218 Northbourne Avenue, Canberra, A.C.T.

WKKF/79/80

Ref:

Telephone enquiries to:

Mr. B. Farrer/after hours (062) 862 348

For immediate release

GOVERNOR-GENERAL TO RECEIVE AUSTRALIAN NURSES
AWARDED FELLOWSHIPS TO STUDY IN NORTH AMERICA.

Eleven nurses (9 females, 2 males) have been awarded Fellowships to study in North America by the W.K. Kellogg Foundation, of Battle Creek, Michigan, U.S.A.

Five Fellows will follow short, six-month tours of observation with six undertaking higher nursing degree courses in American universities.

The nurses will be in Canberra on THURSDAY, 24 APRIL, for a briefing session and will be received by the Governor-General at 4.00pm. Afterwards, they will attend a dinner at University House at which Dr. Gwyn Howells, Director-General of Health, Mr. K.N. Jones, Secretary, Department of Education, Dr. Sidney Sax and other guests will also be present. Dinner host will be Professor D.W. George, Chairman, Australian-American Educational Foundation.

A PRESS CONFERENCE TO EXPLAIN THE FELLOWSHIPS AND ALLOW THE PRESS TO MEET THE NURSES WILL BE HELD IN THE MEETING ROOM, CHURCHILL HOUSE, NORTHBOURNE AVENUE AT 12.30pm ON THURSDAY 24. A SANDWICH LUNCH (PLUS LIQUID REFRESHMENTS) WILL BE SERVED.

Further information about the nurses, the W.K. Kellogg Foundation and the AAEF is attached.

AUSTRALIAN-AMERICAN EDUCATIONAL
FOUNDATION
W. K. KELLOGG FOUNDATION
AUSTRALIAN NURSING FELLOWSHIPS, 1983/84

BENEFITS: The benefits provided by a Fellowship are as follows

LONG-TERM FELLOW	\$(U.S.)
Entry Allowance	
Fellow Only	500
Spouse	300
Travel	
Home/U.S./Home (Fellow and dependents)	(as required & approved)
Allowance within U.S.	1,500 for first year 500 for second year
Stipend	
Fellow	800 per month
Spouse	200 per month
Children	85 per month per child to a maximum of three children
Book Allowance	
First Year	400
Second Year	300
Instrument Allowance	200 (as required & approved up to this maximum)
Tuition	(as required & approved)
Thesis Expenses	
Masters	400
Doctoral	1,000
Health Insurance	(as required & approved)
Exit Allowance	
Fellow only	300
Spouse	100

SHORT-TERM FELLOW

(At one study site - no dependent allowances provided)

	\$(U.S.)
Entry Allowance	500
Travel (Home/U.S./Home) & within U.S.	(as required & approved)
Stipend	
If at institution 45 days or more	800 per month
If at institution less than 45 days	75 per day
Tuition	(as required & approved)
Health Insurance	(as required & approved)
Exit Allowance	200

SHORT-TERM TRAVEL FELLOW* (no dependent allowances provided)

	\$(U.S.)
Entry Allowance	300
Travel (Home/U.S./Travel within U.S./Home)	(as required & approved)
Car rental	(as required & approved)
Health Insurance	(as required & approved)
Per Diem Rate	75
Exit Allowance	100

* I.e. If located at a site for less than 45 days.

R E M I N D E R

W. K. KELLOGG FOUNDATION NURSING FELLOWSHIP PROGRAM

Recently the College of Nursing circulated a questionnaire to you regarding the impact of the Fellowship Program, if you have responded please ignore this reminder and accept my thanks. However, if you have not returned your questionnaire in the stamped addressed envelope provided please return as soon as possible to the address listed below. If there are any problem please contact Elaine on the telephone numbers supplied.

Elaine Hazell
10 Rounsevell Street
KAMBAH ACT 2902

Phone: (062) 89 8562 (W)
(062) 31 0927 (H)

Elaine Hazell

March 1988



SCHOOL OF EDUCATION

CANBERRA COLLEGE OF ADVANCED EDUCATION

P.O. BOX 1, BELCONNEN ACT AUSTRALIA 2616

TELEGRAMS: COLLAOVED TELEEX: 62267 CANCOL AA

BRUCE ACT - TELEPHONE 062 52 2111

TO WHOM IT MAY CONCERN

As supervisor of Mrs. Elaine Hazell I am pleased to endorse the study of The Effects of Scholarship on Recipients that she is undertaking as her field study to complete the requirements for the Degree of Master of Education. The College fully supports the study and we provide supervision for this work.

The context for Mrs. Hazell's study are the Kellogg Nursing Fellowships which were first offered in 1979 by the W.K. Kellogg Foundation of Battle Creek Michigan U.S.A. following acceptance of a proposal prepared by a working group of the Royal Australian Nursing Federation.

On 7 November 1986 Mrs. Hazell presented details of the field study to staff, fellow students, and invited guests at the College.

Mrs. Hazell met with Ms. Karen Hollenbeck of the Australian-American Educational Foundation of Battle Creek Michigan on 10 February 1987. Ms. Hollenbeck stated the W.K. Kellogg Foundation were awaiting the results of Mrs. Hazell's study and fully supported this proposal.

Following these developments, I am seeking support for the continuing study, and for the cooperation of interested groups. I would be pleased if you were able to help Mrs. Hazell with her work.

Dr. Rob Irwin,
Principal Lecturer in Health Studies.

29 February 1988

THE IMPACT OF THE W. K. KELLOGG FOUNDATION
AUSTRALIAN NURSING FELLOWSHIP PROGRAM
FOR AUSTRALIAN NURSES

QUESTIONNAIRE

BACKGROUND

The broad purpose of the W. K. Kellogg Foundation Australian Nursing Fellowship Program was to assist Australian nurses of demonstrative commitment to nursing in developing the knowledge, abilities and attitudes that will fit them to take leadership roles in furthering Australian nursing practice and thus, to contribute materially to the quality of health care in Australia.

THE IMPACT OF THE PROGRAM

The Canberra College of Advanced Education has a Masters Degree Program in Education. This program can be undertaken by a combination of course work and field study. I have completed the course work and am undertaking a field study that attempts to assess the impact of the W. K. Kellogg Foundation Australian Nursing Fellowship Program on its Australian recipients.

There were seventy-eight (78) W. K. Kellogg Foundation Australian Nursing Fellowships awarded and to ensure a complete profile of the outcomes of the fellowship I seek your co-operation to return the completed Questionnaire in the stamped addressed envelope supplied.

A copy of the main findings will be available from the College of Nursing Australia Library or from the Library of the Canberra College of Advanced Education.

Elaine Hazell
10 Rounsevell Street
KAMBAH ACT 2902
(062) 89 8562 (W)
(062) 31 0927 (H)

QUESTIONNAIRE STRUCTURE

There are four sections to this questionnaire:

- A. PRE-SCHOLARSHIP DETAILS PRIOR TO THE W. K. KELLOGG FOUNDATION AUSTRALIAN NURSING FELLOWSHIP PARTICIPATION.
- B. FELLOWSHIP DETAILS FOR COMPLETION BY LONG TERM FELLOWS.
- C. FELLOWSHIP DETAILS FOR COMPLETION BY SHORT TERM FELLOWS.
- D. FELLOWSHIP IMPACT.

SECTION A: PRE-SCHOLARSHIP DETAILS PRIOR TO THE W. K. KELLOGG
FOUNDATION AUSTRALIAN NURSING FELLOWSHIP
PARTICIPATION

1. DEMOGRAPHIC DATA

Please tick the appropriate box:

1.1 Male

1.2 Female

1.3 Age 25-29

30-39

40-49

50-54

60-64

1.4 What is your post code?

1.5 State country of birth _____

PRE-SCHOLARSHIP DETAILS CONTINUED.....

2. EDUCATION AND TRAINING BEFORE FELLOWSHIP

2.1 Secondary

Completed years of secondary education	Tick					
	1	2	3	4	5	6

Highest Qualification	Institution/State	Year

2.2 Non-Nursing Qualifications Obtained Before Fellowship

Complete

Qualifications	Number	Years Awarded
Certificates (eg TAFE)		
Associate Diplomas		
Diplomas		
Bachelor's Degrees		
Master's Degrees		
Doctorates (eg PhD.)		
Other Post-graduate degrees		

PRE-SCHOLARSHIP DETAILS CONTINUED.....

2.3 Nursing Qualifications Obtained Before W. K. Kellogg Foundation Australian Fellowship

Qualification	Year Awarded
Enrolled Nurse (1 year trained)	
Registered General Nurse (4 years Hospital trained)	
Registered General Nurse (3 years Hospital trained)	
Registered Psychiatric Nurse (4 years Hospital trained)	
Registered Psychiatric Nurse (3 years Hospital trained)	
Midwifery Certificate	
Mothercraft Certificate	
Diploma Nursing (College/University)	
Bachelor's Degree Nursing (College/University)	
Master's Degree Nursing	
Doctorate (PhD.) Nursing	

2.4 List Other Nursing Qualifications Obtained Before W. K. Kellogg Foundation Australian Nursing Fellowship.

Qualification	Year Awarded

PRE-SCHOLARSHIP DETAILS CONTINUED.....

3. SCHOLARSHIPS/FELLOWSHIPS OTHER THAN W. K. KELLOGG FOUNDATION AUSTRALIAN NURSING FELLOWSHIP.

3.1 Have you ever been awarded a scholarship or fellowship other than your W. K. Kellogg Foundation Australian Nursing Fellowship?

Tick YES or NO

YES [] NO []

3.2 If yes was ticked for 3.1, list the names of those awards.

Table with 3 columns: Title, Year Awarded, Focus of Scholarship. Contains 5 empty rows for data entry.

4. NURSING EXPERIENCE.

4.1 Length of Nursing experience prior to award of W. K. Kellogg Foundation Australian Nursing Fellowship. (Include years spent in hospital-based training.)

State years - tick appropriate box:

5-10 []
11-20 []
21-30 []
31-40 []

PRE-SCHOLARSHIP DETAILS CONTINUED.....

4.2 Summary of nursing career history before W. K. Kellogg Foundation Australian Nursing Fellowship.

Please complete the table below. If a category of work is not listed, you are invited to add it to the bottom of the list.

Category	Experience in Years
General Nursing Duties (Include hospital-based trained)	
Specialist Nursing Duties (Include specialist training)	
Nursing and Supervisory Duties	
Nursing Administration with little or no nursing duties	
Nursing Education (Hospital)	
Nursing Education (CAE or University)	
Public Service	
Consultant	
Other (please specify)	

4.3 List substantial nursing or allied publications prior to your fellowship.

PRE-SCHOLARSHIP DETAILS CONTINUED.....

4.4 List other major achievements in nursing before taking up the W. K. Kellogg Foundation Australian Nursing Fellowship.

Four horizontal lines for writing achievements.

5. LAST SUBSTANTIVE POSITION BEFORE TAKING UP YOUR W. K. KELLOGG FOUNDATION AUSTRALIAN NURSING FELLOWSHIP

5.1 Please complete

POSITION	INSTITUTION / ORGANISATION	PERIOD OF OCCUPANCY

5.2 Was leave obtained from the position then held?

Please tick the appropriate box.

YES NO

If YES, indicate the type of leave obtained. Please tick the appropriate box.

Leave With Pay

Leave Without Pay

Long Service Leave

Combination of Leave with Pay and Long Service Leave

Combination of Leave Without Pay and Long Service Leave

Other Leave Arrangements

PRE-SCHOLARSHIP DETAILS CONTINUED.....

5.3 If your answer is NO, indicate the reason given for refusal of leave.

6. MEMBERSHIP OF NURSING ORGANISATIONS.

6.1 Before your W. K. Kellogg Foundation Australian Nursing Fellowship were you involved in nursing organisations?

Tick as appropriate.

YES NO

6.2 If YES was ticked in 6.1, complete this table.

Organisation type	Degree of Involvement				
	Low				High
	1	2	3	4	5
Industrial					
Industrial professional					
Professional					

6.3 Year Awarded W. K. Foundation Australian Nursing Fellowship.

Year _____

SECTION B: LONG TERM FELLOWS ONLY

This section should be completed by recipients of LONG TERM W. K. Kellogg Foundation Australian Nursing Fellowships only.

7. PROGRAM OF STUDY.

7.1 Duration of fellowship.

_____ months

7.2 State level(s) of qualification(s) that was sought (ie PhD., Masters, Bachelor degree, other)

7.3 Indicate whether you successfully completed the study program and were awarded the qualification. Tick the appropriate box.

YES NO

7.4 If NO was ticked in 7.3, you may wish to comment in the provided.

8. OTHER SIGNIFICANT ACTIVITIES ENGAGED IN AS PART OF YOUR W. K. KELLOGG FOUNDATION AUSTRALIAN NURSING FELLOWSHIP.

8.1

Complete	Number of
Activities	Activities
Attendance conference/workshops	
Visitation conference/workshops	
Publication of articles/papers	
Publication of Field Study, Masters or Doctoral Theses	
Other (please indicate type)	
Vacation	

LONG TERM FELLOWS ONLY CONTINUED.....

9. DIFFICULTIES AND BARRIERS.

9.1 Did you experience difficulty in satisfying entry criteria to your study program?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

9.2 If you responded YES to 9.1 you may wish to comment.

9.3 Were there any major difficulties for you during your Fellowship that were attributable to the:

	YES	NO
Study Program?	<input type="checkbox"/>	<input type="checkbox"/>
Institution?	<input type="checkbox"/>	<input type="checkbox"/>
University?	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors?	<input type="checkbox"/>	<input type="checkbox"/>
W. K. Kellogg Foundation	<input type="checkbox"/>	<input type="checkbox"/>
Housing?	<input type="checkbox"/>	<input type="checkbox"/>
Travel Arrangements?	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>

LONG TERM FELLOWS ONLY CONTINUED.....

9.4 If yes was responded to any part of 9.3, please elaborate.

9.5 Year W. K. Kellogg Foundation Australian Nursing Fellowship completed.

Year _____

9.6 On your return to Australia was recognition accorded to your award, or qualification, or credits?

Table with 3 columns: Question, YES, NO. Rows include: i. In the work place, ii. By an educational institution, iii. Financial payment.

9.7 You may wish to comment on your response to 9.6.

PLEASE COMPLETE SECTION D AND RETURN THE QUESTIONNAIRE IN THE STAMPED ADDRESSED ENVELOPE PROVIDED.

SECTION C: SHORT TERM FELLOWS ONLY

This section should be completed only by recipients of SHORT TERM W. K. Kellog Foundation Australian Nursing Fellowships.

10. PROGRAM.

10.1 Duration of fellowship.

_____ Months.

10.2 List of agencies or institution(s) to which you were attached or in which you were enrolled.

Institution/Agency	Category (University Hospital etc.)

10.3 Did your fellowship culminate in your receiving an academic award or a qualification from any of the above institutions or agencies?

YES

NO

10.4 If you responded YES to 10.3, list the institution and the award or qualification which it conferred on you.

Institution/Agency	Award

SHORT TERM FELLOWS ONLY CONTINUED.....

11. OTHER SIGNIFICANT ACTIVITIES ENGAGED IN AS PART OF YOUR W. K. KELLOGG FOUNDATION AUSTRALIAN NURSING FELLOWSHIP.

11.1 Complete

Activities	Number of Activities
Attendance conference/workshops	
Visitation conference/workshops	
Publication of articles/papers	
Other (please indicate type)	
Vacation	

12. DIFFICULTIES AND BARRIERS

12.1 Did you experience difficulty in satisfying entry criteria to your study program?

YES NO

12.3 Were there any major difficulties for you during your Fellowship that were attributable to the:

	YES	NO
Study Program?	<input type="checkbox"/>	<input type="checkbox"/>
Institution?	<input type="checkbox"/>	<input type="checkbox"/>
University?	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors?	<input type="checkbox"/>	<input type="checkbox"/>
W. K. Kellogg Foundation	<input type="checkbox"/>	<input type="checkbox"/>
Housing?	<input type="checkbox"/>	<input type="checkbox"/>
Travel Arrangements?	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>

SHORT TERM FELLOW ONLY CONTINUED.....

12.4 If yes was responded to any part of 12.3, please elaborate.

Four horizontal lines for writing an elaborate response to question 12.4.

12.5 Year W. K. Kellogg Foundation Australian Nursing Fellowship completed.

Year _____

12.6 On your return to Australia was recognition accorded to your award, or qualification, or credits?

	YES	NO
i. In the work place	[]	[]
ii. By an educational institution?	[]	[]
iii. Financial payment	[]	[]

12.7 You may wish to comment on your response to 12.6.

Four horizontal lines for writing a comment on the response to question 12.6.

PLEASE COMPLETE SECTION D AND RETURN THE QUESTIONNAIRE IN THE STAMPED ADDRESSED ENVELOPE PROVIDED.

SECTION D: FELLOWSHIP IMPACT

All W. K. Kellogg Foundation Australian Nursing Fellows to complete.

13. OPPORTUNITIES

13.1 Since your fellowship do you believe that you have had greater opportunities (than before your Fellowship) to contribute to nursing, or any other form of endeavour, in one or more of the following areas?

Tick the appropriate boxes

Category	Opportunity to Contribute				
	Much Less	Same	Much Greater		
	1	2	3	4	5
General Nursing					
Specialist Nursing					
Nursing Education					
Industrial Matters					
Nursing Research					
Publications					
Evaluation					
Accreditation Processes					
Professional Associations					
Student					
Other form of endeavour					
Other (please specify)					

13.2 Where greater opportunities have been presented to you, how significant do you believe your W. K. Kellogg Foundation Australian Nursing Fellowship has been in:

FELLOWSHIP IMPACT CONTINUED.....

i. attracting these opportunities?

not at all		significant		very significant	
0	1	2	3	4	5

ii. allowing you to take advantages of those opportunities?

not at all		significant		very significant	
0	1	2	3	4	5

13.3 Have you changed your position of employment since your W. K. Kellogg Foundation Australian Nursing Fellowship?

Please tick appropriate box

YES NO

13.4 If your response to 13.3 was YES, please respond to 13.4 parts (a), (b), (c), and (d). If there have been more than one change of position, respond for your present position.

(a) In terms of status how does your current position compare with your pre-Fellowship position?

(b) To what extent does your new position, or latest position, have more interest for you than the old position?

Much less interest		The same		Much more interest	
0	1	2	3	4	5

FELLOWSHIP IMPACT CONTINUED.....

(c) Does your present position attract a higher salary than the position you occupied before your W. K. Kellogg Foundation Australian Nursing Fellowship? Compare on the basis of present salaries.

YES [] NO []

(d) If YES to 13.4, part (c), tick appropriate box.

The salary for my current position is:

10% higher [] 20% higher []
30% higher [] 40% higher []
50% higher [] More than 50% higher []

greater than my salary prior to my W. K. Kellogg Foundation Australian Nursing Fellowship.

13.5 Is your current position in:

Table with 2 columns: Field description and Please Tick. Rows include Nursing, Nursing Administration, Nursing Education, A combination of any of the above, Another nursing-related field, A non-nursing but health care-related field, A field that is not nursing and is not related to health care, Consultant, Consulting/Counselling Business, Other, please specify.

FELLOWSHIP IMPACT CONTINUED.....

13.6 How many articles have you published since your fellowship?

Number _____

13.7 After your W. K. Kellogg Foundation Australian Nursing Fellowship were you involved in nursing organisations?

YES NO

13.8 If YES was ticked in 13.7, complete this table.

Organisation type	Degree of Involvement				
	Low				High
	1	2	3	4	5
Industrial					
Industrial professional					
Professional					

13.9 List other major achievements since your W. K. Kellogg Foundation Australian Nursing Fellowship (eg further scholarships).

13.10 Comment on the overall impact on you of your W. K. Kellogg Foundation Australian Nursing Fellowship.

FELLOWSHIP IMPACT CONTINUED.....

13.11 Would you consider further study overseas if the opportunity was presented?

YES NO

13.12 If your answer to 13.11 is YES, please answer following:

SHORT TERM

LONG TERM

13.13 In retrospect are there any recommendations that you believe could have improved the W. K. Kellogg Foundation Australian Nursing Fellowship Program?

Please list below. They will be included in the field study report.



College of Nursing, Australia

memo

Date: 12th April 1988

To: W.K. Kellogg Australian Nursing Fellows

From: June F. Cochrane, Executive Director

Re:

1. Re: Enclosed Questionnaire

It is expected that Elaine Hazells' study will provide useful data to support the current submission to the W.K. Kellogg Foundation for support for a further Fellowship program to provide a cadre of Australian nurses with doctoral degrees in Nursing. I therefore urge you to complete the enclosed questionnaire and forward it in the stamped addressed envelope provided, by 30 April 1988.

2. Re: 1988 Kellogg Dinner Meeting, Canberra

Arrangements have been made for the 1988 dinner meeting to be held in the Forest Room, Canberra International Hotel on Friday, 27 May 1988 - 7.15 p.m. for 7.45p.m. The cost will be \$30.00, payable by cheque to College of Nursing, Australia. Drinks will be purchased on an individual basis.

If you are able to attend please complete the attached form and return it with your cheque, not later than Monday, 16th May, 1988.

I hope to see you in Canberra.


June Cochrane

Educational Qualifications of Long Term Fellows

Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35				
Compl'd years of secondary education	5	5	5	3	4	3	3	4	4	4	4	1	4	4	4	5	2	6	2	5	5	4	6	5	4	5													
Non-Nursing Certificates (eg TAFE)															2																								
Non-Nursing Associate Diplomas																																							
Non-Nursing Diplomas												1				1																							
Non-Nursing Bachelor's Degrees		1			1		1	1	1	1	1	1			1	1	1		1	1	1	1																	
Non-Nursing Master's Degrees																	1					1																	
Non-Nursing Doctorates (eg PhD)																																							
Non-Nursing Other Post-Grd degrees								1														1	1																
General Nurse Hospital trained	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			1	1	1												
Psychiatric Nurse Ho'tal trained																	1					1		1	1														
Midwifery Certificate	1	1		1	1	1	1	1	1						1	1	1		1	1	1																		
Mothercraft Certificate		1		1											1			1																					
Diploma Nursing (College/Uni)			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					1	1												
Bach's Degrees Nursing (College/Uni)	1		1	1		1					1	1	1		1			1						1	1	1	1												
Master's Degree Nursing	1																																						

Educational Qualifications of Long Term Fellows

Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
Other Nursing Certificate			1	1					2		1			1							1	1		1														
Other Nursing Diploma																																						
Other Scholarships		2	1	1	2	1	1	3	1	1		1	1	2	1	1	2	1	2	1	2	1	1		1	2												
Publications					3			1		3											2	7																
General Nursing Duties	4	8	10	10	12	4	*	10	6	2	6	7	3	10	8	12	4	9	8	6		5	6	8	4													
Specialist Nursing Duties	25	3	3	5	3	2				10		2	5	6	2	1	5		1	3	3				1													
Nursing Supervisory Duties	1			5	1	*	5	1		4		1			8		7							4	2													
Nursing Administration			2	1	5	*						3		1	5									5	2													
Nursing Education Hospital	4	4	8		8		12	1	11	11	8		2	4	3		3	2	3																			
Nursing Education CAE or Uni	2		2	3	*		10	3		2	3	7						11				2																
Public Service		5																12																				
Consultant	1																																					
Other																																						
Community															2							5																
RANF																																						
Health Education			5																																			

Educational Qualifications of Long Term Fellows

Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
Staff Development												1																										
Computer Liaison Office												1																										
Emergency Services																1																						
Psychiatric																	4																					
Regional Cont Education																				6																		
Public Health Nursing & Administration																																						

		Educational Qualifications of Short Term Fellows																																			
Serial Number		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
Completed years of secondary education		5	2	3	6	5	6	2	2	6	4	5	6	5	3	4	5	6	6	3	5	3	5	3	6	5	3	3	6	5	3	4	5	6	6	6	
Non-Nursing Certificates (eg TAFE)																																					
Non-Nursing Associate Diplomas																																					
Non-Nursing Diplomas																											1										
Non-Nursing Bachelor's Degrees				1	1		1				1										1						1	1									
Non-Nursing Master's Degrees																											1	1									
Non-Nursing Doctorates (eg PhD)																																					
Non-Nursing Other Post-grad degs					1	1		1			1						1												1								
General Nurse Hospital trained		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Psychiatric Nurse Hosp'l trained																						1								1							
Midwifery Certificate		1	1	1	1		1	1	1		1		1	1	1	1		1			1			1	1	1	1	1	1	1		1			1	1	
Mothercraft Certificate								1			1		1								1	1			1				1								
D'oma Nursing (College/Uni)		1	1	1	1	1		1	1	1	1		1	1	1	1		1	1	1	1	1	1	1	1		1		1	1			1	1		1	
Bachelor's D'gree Nursing (College/Uni)										1						1	1						1		1					1				1		1	
Master's Degree Nursing																																					

Educational Qualifications of Short Term Fellows

Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Other Nursing Certificate		1			1		1	1			1				2							1	1		1		1		1	1	2	1	1		
Other Nursing Diploma																																			
Other Scholarships	1			1			1	1	3	1				1	1					1	2				1	1		1	1			2			
Publications	1	3	3	1		3				1				1	1	3					2														
General Nursing Duties	5	8	19	8	15	13	6		5	6		9	3	8	9	5	10	6	5	5	5	4	4	2	5	5	6	15	4		14	5	3	5	4
Specialist Nursing Duties	5	2	3	1	2			2	2			3	6	3	4	6	1	15	9		1	7	2	5	2	2	3	5			2	2	4	2	
Nursing Supervisory Duties	4	6	4		7	2	12		2	3		2		5	3	1		6		1	2		1		2	12				5	3	2			
Nursing Administration						7		5	4		9			1			4				2				4					13	13				
Nursing Education Hospital			12	4	8			14					5		3	6									3	2		9	1			4	4	2	
Nursing Educ CAE or Uni				15	7										1									2											
Public Service		4								7		11														1		10							
Consultant															1																				
Other																																			
Community												7		13						4	12								3						
RANF															2																				

FELLOWSHIP IMPACT

13.9 List other major achievements since your W. K. Kellogg Foundation Australian Nursing Fellowship (e.g. further scholarships).

LONG TERM		SHORT TERM	
1	<ul style="list-style-type: none"> . Development and Implementation of Geriatric Assessment Team which now is a National Model. . Development and Implementation of Australia's First Promoting Continence Course and Community Management Programs. . Awarded \$5,000 from Nurses Memorial Centre for 4 weeks study tour of UK, North America and Sweden to look at incontinence management and education and PHC. 	1	
2	Completed Diploma Psychology	2	Completion of Bachelor of Education. Feeling confident enough to commence work as an independent Nurse Consultant (1986). Currently undertaking Master of Degree at QIT (Queensland).
3	Set up Physical Assessment Laboratory (self-paced) (Male) Introduced conceptual framework through all the program. Assisted in developing career structure in WA (Male).	3	
4	Most of my achievements have been/are within my current place of work: <ul style="list-style-type: none"> . course development activities; . standing in for the Head of Department during some of her absences; . key committee work at work. 	4	Undertaking further students (Graduate Diploma) before beginning doctoral studies, hopefully.
5	Nil response	5	Completed a Diploma of Teaching, now studying Bachelor of Education.
6	Awarded: <ul style="list-style-type: none"> . Travel Scholarship: Potter Foundation . Travel Scholarship: Melbourne University 	6	(i) Publication of Book Chapter in Multi-author text - Needs of 'Multi-ethnic Families', pp.221-227 in <u>Infant and Family Health in Australian Education</u> , A Clements 1986 (ii) Health Commission Victoria Scholarship to undertake 8.App. Science Nursing Education 1985.
7	No further scholarships to date, however, have developed with peers. Standards and Quality Audit Tool for Ambulatory Paediatrics.	7	Major Career Pathway Change 1987 from Nursing Management to Nursing Education.
8	Nil response	8	Completion of Grad.Diploma of Health Sciences. Currently enrolled in Masters of Applied Science Health Administration. Involvement in and guest speaker for Seminars and Conferences.

13.9 Major Achievements Continued.....

LONG TERM		SHORT TERM	
9	Nil response	9	This year I will complete my Masters in Social Planning and Development at the University of Queensland.
10	Awarded a Flinders Foundation Research Grant in 1983.	10	Membership of ANAC.? What is this?
11	Enabled me to be accepted straight into Ph.D. program at University of WA. First nurse to be admitted with Nursing only Nursing degrees.	11	Have been involved with an innovative project which was successful in being in being awarded the 'Innovative Community Program' from the Australian Hospital Association.
12	Appointed member of Public Health Committee of National Health and Medical Research Council. President, College of Nursing Australian Member Developmental committee, College and Nursing program.	12	Completion of a Bachelor of Science and currently undertaking an Honours Year.
13		13	Florence Nightingale Scholarship, SA, 150 Year Jubilee - 1986 Royal Adelaide Hospital, Travelling Fellowship - 1987.
14	Research study completed 1987.	14	I have prepared and implemented three manuals within my place of employment: (i) Quality Assurance Manual (ii) Manual of Administrative Policies and Procedures (iii) Directory of Departments and Services. I have assisted in the publishing of a Diabetic Education Manual for use in the hospital.
15	Nil response	15	Bachelor of Applied Science Nursing.
16	Nil response	16	Nil response
17	Awarded a Public Health Training and Development Grant by NHMEC for 3 years to evaluate the Queensland Aboriginal Health Program. Allows me to undertake Ph.D. through Department of Social and Preventative Medicine (University of Queensland).	17	I was sponsored by Kellogg and WHO to attend a Conference at Long Beach University on Distant Education.
18	Been invited to provide a paper on Nursing and Feminism at a national research conference.	18	No response
19	Study for Certificate of Massage successfully completed.	19	No response

FELLOWSHIP IMPACT CONTINUED....

13.9 Major Achievements Continued.....

LONG TERM		SHORT TERM	
20	Nil response	20	Completed Master of Administration Karingai College of Advanced Education 1987. Seconded to Australian Council on Hospital Standards as Research Officer for six months 1987. Elected to NSW College of Nursing 1988.
21	<ul style="list-style-type: none"> . Am currently doing some qualitative research. I am co-ordinating the the project with four registered nurses, RN's who have never done research before. . Won a scholarship to attend an international conference 'Computers in Nursing'. . Established a special interest group, 'Computers in Nursing'. 	21	Spoken a various conferences and seminars. Diploma of Applied Science Nursing Administration.
22	Nil response	22	No response
23	Nil response	23	Key speaker at Seminar addressing the focus of my program. Guest speaker to Nursing Conference x 3.
24	Continued work towards finalization of Doctor of Nursing Science Degree which was conferred on me on 11 June, 1988	24	Upon completion of my Kellogg Fellowship, I applied to return to Ann Arbor, Michigan to undertake a Masters Degree in Public Health at the University of Michigan. I was granted a Health Department, Victoria scholarship, and have just returned to Australia in January 1988, having successfully completed my Masters' Degree.
25		25	Nil response
26		26	Guest speaker at National and State Conferences on the Clinical Nurse Specialist Role. The Major Differences in the Australian American Systems of Nursing.
27		27	Started masters Course here (first intake, NSW), experience with Kellogg Scholarship assisted in overcoming traditional entry requirements (Bachelor of Art, Macquarie 1981).
		28	Nil response
		29	I have now completed my degree in Nursing. I have carried out clinical nursing research (which I hadn't done before).
30		30	Completion of Arts Degree and anticipated commencement of either Honours of Masters Program.

13.9 Major Achievements Continued.....

LONG TERM	SHORT TERM
31	<p>31 I was a member of the secretariat of the Interim Report of the Repetition Strain Injury (RSI) Committee 1985. National Occupational Health and Safety Committee NOHSC.</p> <p>Anticipated completion of Master Degree in Education 1988.</p> <p>In 1987 I was sponsored by UNESCO/WHO Workshop on AIDS Education for Youth Youth in Paris and visited London, Edinburgh, Glasgow.</p>
32	<p>32 No time - have been establishing the Diploma Course at Ballarat CAE.</p> <p>Within a relatively hostile medical and nursing environment, and carrying out multiple professional activities for the College of Nursing, Victorian College of Nursing, etc.</p>
33	<p>33 Nil Response.</p>
34	<p>34 Completion of part time university studies for awarding of Bachelor of Education.</p>
35	<p>35 Completed Bachelor Applied Science at Queensland Institute of Technology, Brisbane, Queensland. Worked successfully towards two hospital accreditations.</p>

LONG TERM FELLOWS ONLY

9.4 If yes was responded to any part of 9.3, please elaborate.

- 1 Difficulty finding suitable accommodation that would accept children. Health insurance provided by Kellogg was not recognized in Canada.
- 2 1 Nil response
- 3 1 Nil response (Male, MA)
- 4 1 Very little assistance from the overseas student union/not many resource people available to advise/help. Others - referred to health.
- 5 1 Some lack of flexibility in study program, which denied Australian theoretical/practical experience. Supervisor seen twice, interested only in having W. K. Fellows in her program.
- 6 1 Nil response
- 7 1 Supervisor not really interested in individual students but concerned with her own numbers, supervisor frequently interstate and even when in the state, not readily available for consultation.
- 8 Study problems/Standard of Australian M.Ed. (First Class Honours) from an Australian University not initially recognised at McMaster University (Canada) for direct access to Ph.D. program. Direct Ph.D. access was offered at Columbia University (New York) and UCSF (San Francisco) and UCLA (Los Angeles). (Male, SA)
Supervisors: at least one was on sabbatical leave for each year of my program.
Housing very expensive for a family.
- 9 University has two campuses - family housing was 45 minutes freeway (1 hour bus) at country campus - Health Science Center in City. No help for students at city campus.
- 10 I had some difficulty arranging return to Australia to undertake long-term field work for my Masters. My stipend was continued but I had to meet return fare and all research expenses including employment of a co-researcher.
- 11 The Study program did not match my expectations. I had to make adjustments.
- 12 I failed the statistics course and had to re-do it. This caused a great deal of stress. Also taking a community health course without any experience was difficult since I was learning about the practice and administration at the same time.
- 13 Housing very expensive in San Francisco University had no student accommodation and very little help given in finding some.

SHORT TERM FELLOWS ONLY

12.4 If yes was responded in any part of 12.3, please elaborate.

- 1 Supervisor with whom I corresponded for six months prior to visit retired the week before I arrived without me being aware of it. Confusion what to do with me when I arrived.
- 2 The banking system did not provide for ease when travelling between centres.
- 3 Study Program problems related to:
 - (i) Inability to obtain booklet/details of programs offering prior to arrival in US despite numerous phone calls, letters, telegrams and offer of reverse charge phoning.
 - (ii) Program changes after enrolment in courses, e.g. cancellation of classes due to insufficient numbers and/or lack of available teachers.
 - (iii) Difficulty in entering doctoral classes due to not having a degree or masters qualification.
 - (iv) Cashing of foundation cheques to the value of \$10,000.
- 4 Study program did not match my academic expectations and was below my level of learning at that stage. W. K. Kellogg receiving stipend while travelling presented financial difficulties.
- 4 Comments.
- 5 Accommodation was arranged off campus in a less than safe area of Detroit. Accommodation should have been provided on campus.
6. Initially in campus accommodation for one week; cramped sleeping arrangements in shared arrangements in shared apartment (other student on leave while I was in residence). Moved to downtown apartment which was clean and comfortable.
- 7 I have hesitation in designating this as a major difficulty, but, as noted in my final report, pre-program information led one to believe that more emphasis (than was the case) would be placed on exchange of ideas and experience, rather than total input.
- 8 Supervisor at USCF was totally unsuitable - difficult to make appointments to see, to support, few suggestions. San Francisco was really not appropriate in which to observe community nursing. Supervisor had no global perspective of community/public health in her own city, even though she had a Professorship of Community Health.
- 9 I wanted to study delivery of nursing and delivery systems. This was not available at ULCSF. I was slotted into 'observational' status for a masters program. It was an enlightening five months but not what I wished to pursue.
- 10 Single accommodation was found for the three Australian students off campus. Initial housing was inadequate.
- 11 No planned program was ready for me to start working to meet the objectives for my time at Rush. The 'supervisors' being the House of Nursing System Management showed no interest during my whole time there and what I got was what I pursued myself with the help of other personnel.
- 12 Other: (i) Difficulty of trying to fit so many learning opportunities into such a short span of time; (ii) My misconceptions of the level at which 'Theories of Nursing' would be studied (I thought I knew something about these until I entered the program at Wayne State - that I realized we have only skimmed the topic here)
- 13 Housing: Difficulty in finding suitable accommodation in Detroit. Nothing organized before arrival. However, the accommodation when found - with help from Wayne State - was very good.
- 14 Cashing foundation cheques to the value of \$10,000.
- 15 The lack of a national banking system was a problem with constantly moving interstate.

LONG TERM FELLOWS ONLY

- 9.7 You may wish to comment on your response to 9.6
- 1 No response
- 2 No response
- 3 University doesn't recognize Masters in Nursing. Reason - they don't teach nursing. I didn't do a major thesis. (Male, WA)
- 4 Nil response
- 5 The institution did not have a position to award/show recognition although willing, the Director applied to the organization to create a position to match my level of education/qualification.
- 6 Perceived to be a threat - American ideas/jargon not applicable here!
- 7 Nil response
- 8 Nil response
- 9 (i) The position itself gives me many opportunities to use my knowledge. I am expected to perform in this position. I am utilizing everything I've learned. I have not worked in my present position prior to leaving for the USA so I came back to a very good new job. Statewide responsibilities.
- (ii) Now being invited to assist in two new schools of nursing - take class on Introduction to Community Nursing for degree conversion for RN's. Speak at community nursing orientation.
- (iii) I am getting requests to speak to other professional groups on Diagnostic Related Groups, Health Maintenance Organizations, Alaskan Health Service/WA Health Services.
- 10 I wonder whether some local nurses resented the opportunity I was given? I was more highly qualified than any other practising nurse in my state/territory at that time.
- 11 The status of having had overseas experience was considerable. The financial value of the Fellowship, and the research training were accorded high merit by research and academic employers. (Male, SA)
- 12 Position renegotiated at Senior Lecturer level.
- 13 Credentials considered inadequate when making enquiries to undertake Ph.D. (Sociology) at Flinders University. Advised to enrol for a post-graduate diploma instead.
- 14 Recognition of advanced education was not given at that time.
- 15 Recognition accorded at my previous place of employment was much less than by my current employer. In some settings recognition accorded by non-nursing academics is better than that given by colleagues.
- 16 This is a difficult question. Theoretically, my qualifications are acknowledged but it is with extreme difficulty that I am able to teach in my new areas of expertise and I have been aware that obstacles have been placed in my path - there are attempts to exclude me from a variety of activities for which I am competent to be involved in, e.g. co-ordinating particular units. The usual reason provided is that I do not have a general nursing certificate (for which I was unable to be considered for further promotion). With 13 years in the nursing college sector, 5 years as previous head of nursing school and academic qualifications which do relate to nursing including administration. I find this extremely frustrating and short-sighted. I frequently consider that my future cannot continue to be in nursing, which is unfortunate, as I believe I have much to offer.
- 17 This was one of my major disillusionments. No acknowledgement was made of my studies in clinical nursing despite the fact I won a major award during my program. In fact, I was turned down for promotion to Senior Lecturer because 'it was noted that you had chosen to study clinical nursing. Had your studies been in education you may have been in a stronger position.' The person appointed did not have a Masters and the area of study was administration.
- 18 There is a reason for the above response, but the questionnaire will not provide the data, i.e. the No response.
- 19 I am currently attempting to register as a doctoral student and expect the qualification to be recognized.
- 20 After one year able to move into Lecturer I Category. This could not have happened at this point in time without Masters, although Head of Department and Senior Lecturer II had Bachelor Degree only (not in Nursing). Acceptance of degree by education institution relates to entry to Ph.D. Nursing, dependent on satisfactory research proposals.

LONG TERM FELLOWS ONLY CONTINUED.....

9.7 You may wish to comment on your response to 9.6

21 Nil Response.

22 Approximately 6 months after return I was appointed as a senior lecturer with considerable responsibilities related to my field of study.

23 Recognition of advanced education was not given at that time.

24 Queensland has set payment for 2 certificates over salary.

SHORT TERM FELLOWS ONLY

RECOGNITION

12.7 You may wish to comment on your response to 12.6

- 1 I did not receive an award as such as my fellowship was an investigatory travelling scholarship and did not lead to an award.
- 2 Increased prestige 'halo effect'.
- 3 Nil response
- 4 Nil response
- 5 Whilst in the US I was offered a position of teacher on OH Nursing Course at the TAFE Sydney. My position prior to departure had been abolished and the Health Department had nothing to offer in OH.
- 6 Nil response
- 7 Nil response
- 8 Nil response
- 9 The importance of the experience was recognised by the professional organizations of which I am a member.
- 10 No formal recognition in the workplace, but the value of having undertaken the program was acknowledged.
- 11 Nil response
- 12 My overall feeling upon return to Australia was one of disappointment due to lack of interest, especially by colleagues in my overseas experience. With time I have appreciated that it was such a unique experience that it would be difficult for others to realize the personal and professional impact of the fellowship.
- 13 The research I did formed the major component of an 8 Unit Research subject toward a Bachelor of Education.
- 14 I did not seek recognition at an educational institution.
- 15 Subjects studied at Rochester University credited to Bachelor of Applied Science (Nursing) Sturt College of Advanced Education.
- 16 The experience I gained has been recognized in the workplace on a professional level.
- 17 I recently applied for credit and was refused.
- 18 Possible influence in obtaining a higher position.
- 19 Nil response
- 20 Gave a number of short lectures on the study tour.
- 21 Nil response
- 22 My colleagues were indifferent towards me and the fact that I had gained valuable insights into community health nursing in North America did not interest them.
- 23 I conducted several inservice education groups for colleagues.
- 24 Only (1) semester completed at Wayne State University in the Master Program.
- 25 People seemed 'threatened' that I might have new knowledge - generally they tried to ignore the fact I had a scholarship.
- 26 I would like to say that my pursuit for improving nursing care was not shared by my 'boss' - such persons have a profound dampening effect on outcomes.
- 27 I am currently enrolled in a Master Education Program. In Rochester I completed 2 Masters subjects in Education I. I intend to approach the university for credits.
- 28 The workplace requested feedback and several talks were given to colleagues and other organizations.
- 29 The majority of the staff did not want to know. However, I could use my networks to supply information/catalyze action. However recognition from CAE.
- 30 Varied response - recognized and advice sought by general management and teaching staff. Little recognition from employing nursing administration and some open hostility. Recognition of worth of experience(s) by local CAE and professional bodies - but have not yet had the opportunity to test the recognition of the nine Masters Units.
- 31 I spent four months looking for a job - I did not want to take a job for a couple of weeks - but the job was worth the wait.

FELLOWSHIP IMPACT

13.10 Comment on overall impact of your W. K. Kellogg Foundation Australian Nursing Fellowship.

LONG TERM		SHORT TERM	
1	Enormous personal and professional growth which has enhanced my ability to promote and develop nursing practice.	1	Initially I was highly motivated and anxious to share my newly gained knowledge with my cohorts, this was not generally appreciated by them and now I have very little motivation and interest toward my area of study.
2	Nil response	2	Enhanced: <ul style="list-style-type: none"> . professional knowledge and involvement; . work prospects; . admiration of the achievements of US nursing.
3	Wonderful opportunity to study nursing at the post-graduate level. Without Kellogg would have had to study allied discipline. (Male, WA).	3	I believe that Kellogg Fellowship changed me predominantly through experience of visiting and studying in the US. A broadening experience.
4	It gave me more confidence in my own knowledge, skills and abilities, and increased the breadth and depth of my understanding in many areas of nursing and health care services.	4	Significant in terms of raising my awareness of what I could do in and for nursing - high profile, high status position, heavy involvement on many Advisory Boards.
5	Gave me an increased knowledge into nursing itself rather than nursing administration which had been the focus of my attention for some time. Gave me research skills. Very worthwhile experience.	5	The greatest impact was the opportunity to work with some dynamic people in OH, to establish professional contacts, to develop friendships with people in the US.
6	The Fellowship provided a great challenge (from resource people who because of their advanced preparation and series of experiences) and made me question and become analytical without being critical and defensive; exposed me to various modalities/approaches to nursing and motivated me to continue nursing and work for nursing.	6	As cross-cultural nursing was the predominant focus of my special studies program I was able to both gain and transfer considerable knowledge to colleagues and fellow community health workers in the first two years after my return. Since then further studies (degree level) and marriage have consumed my energies. I hope to be able to continue to contribute to nursing in Australia in the future and will always be grateful to have been awarded such a wonderful opportunity.
7	A lot of personal stress relating to self expectations and achievements ethic Lack of mentorship in Australia to support changes introduced as a result of the American experience.	7	An excellent experience at the University, on field trips, at Conferences and especially in liaising with Americans. A pick experience both culturally and academically.
8	Personal and professional growth.	8	The most important impact of the short term fellowship would be in professional recognition and status. It is/was interesting to note that nursing in Australia (WA) is on a world standard comparable to anything viewed overseas in North America.

FELLOWSHIP IMPACT CONTINUED.....

13.10 Comment on overall impact of your W. K. Kellogg Foundation Australian Nursing Fellowship. Continued....

LONG TERM		SHORT TERM	
9	Nil response	9	The scholarship experience was enormously important. It opened up a whole new world of contacts and experiences in my specialist area of trans-cultural nursing. It gave me new and broader ideas about what is possible in nursing specialization, consultancy and research.
10	I do not believe the Fellowship had any direct impact on my career (progress or otherwise) for me personally it was an excellent experience and I have only positive feelings about it.	10	I gained insight into the American system of nurse education and a background in nursing theory - both of which are most helpful in my work.
11	Broadened my personal horizons and provided the experience and knowledge required for my present position - prepared me for a senior position in a large organization.	11	Has made me more motivated to improve my professional work. Since the fellowship I have graduated with a Post-Graduate Diploma in Administration and currently attending university to complete my Masters in Community Health.
12	Impact has been profound - both professionally and personally. In the professional area my perspective is much broader and have a valuable network of contacts.	12	It has opened new doors and insight into my nursing potential. This has been achieved by a greater confidence in my abilities and a significant commitment to nursing in general.
13	The principal advantage of the fellowship experience is the confidence it engenders in Fellows to return to Australia to take a key role in opinion leadership in nursing. (Male, SA.)	13	Because of the Professor I studied with in the USA and the research I did under her direction, I was successful in being accepted to do a Ph.D. at Adelaide University - without having completed a Masters. (Wayne State University 1984)
14	Enormous growth - personally and professionally changed my entire life. Much better understanding of nursing. Value of overseas experience and contact maintenance has been my greatest impetus to continue in education.	14	Greater awareness of political issues and their implications for health care. Opportunity to implement a Quality Assessment Programme in the Nursing Department. Able to improve field experience for post-basic students in our organisation.
15	Recognition for being a Kellogg Fellow and qualifications earned. Increased knowledge and understanding through studies. Broader perspective of issues in nursing and health care.	15	Fellowship allowed to compare nursing in USA with those of my own institution. Allowed me to bring back new ideas, particularly in Research and in orientation.

13.10 Comment on overall impact of your W. K. Kellogg Foundation Australian Nursing Fellowship. Continued....

LONG TERM		SHORT TERM	
16	Increased confidence in clinical skills, professional issues involvement, opportunity to participate in development of Masters Degree (Nursing) a clearer vision of where nursing is headed and 'how nursing could be'. Continuing studies in the hope of obtaining a Ph.D. in the future.	16	Greatly broadened my perspective on professional nursing issues and have been able to build upon the knowledge I gained and still use this knowledge in day to day practice.
17	It was an exciting, demanding and challenging opportunity which allowed me to become fully absorbed in work/issues related to previous clinical practice in Community Health. The flexibility of my academic supervisor facilitated my own learning. The benefit of the cross-culture exchange (professionally and personally) was (and is) immeasurable.	17	<ol style="list-style-type: none"> 1 Greater confidence in my own ability. 2 Greater understanding of curriculum design. 3 An empathy with the American way of life. Plus a great admiration for the way in which they readily share information.
18	I was very privileged to receive the fellowship - my study period was stimulating, challenging and growth promoting (both personally and professionally). I look back on it as two of the best years of my life. What is unfortunate is that it is such a growth promoting experience it is difficult to find one's former colleagues challenging. There is a tendency for one's colleagues to 'punish' those who return from a period of extended study overseas. So one really pays a price for this experience. I firmly believe that it is worth it though.	18	The opportunity to undertake full-time study was beneficial. Comparison of similarities and differences in nursing and education was useful. To assess the historic progress of tertiary nursing education in the US enabled some lessons to be learned for the changeover/transfer in Australia.
19	For the first time in my nursing career I was able to study the discipline of nursing - it was sheer joy. Sadly RN's in Australia do not value the study of clinical nursing - we have a long way to go <u>but</u> we are making progress and I for one am much more effective now.	19	Interesting to get a different aspect, perspective of nursing, my stay in California convinced me of the value of nursing practice of my present organization.
20	Personal satisfaction. Reinforcement - direction of changes. Increased self esteem.	20	Gave increased knowledge of conditions and in operating theatres in USA and Canada. Increased confidence and ability to participate professionally.

13.10 Comment on overall impact of your W. K. Kellogg Foundation Australian Nursing Fellowship. Continued....

LONG TERM	SHORT TERM
<p>21 The fellowship was perfect for me. I was ready for change and it rejuvenated my interest in nursing. I returned feeling empowered, much more confident and feeling competent. The real value of the scholarship is still being realized. My writing/presentation vastly improved to the point I have no difficulty in presenting any ideas to get approval, e.g. reports with recommendations, pilot studies, new proposals, procedural documentation. I see opportunities (as before) but know how to use them now. I (still) feel disturbed by the experience, certainly not complacent with my current position in nursing but I still have a lot to learn. I am still trying to recover financially.</p>	<p>21 The impact of my W. K. Kellogg Fellowship upon me was to open doors for me to further study. I worked hard on my return to my position in Nursing Care Delivery systems and set up a Total Patient Care Model for Nursing at the hospital I was working at. I then moved from country to city to study Nursing Administration and possibly a Clinical Bachelor of Science. I accepted an appointment in Administration Interstate (as promotion) but I found Nursing Administration not my forte and under burnout resigned. I am now working in occupational health and studying part-time for a BA Psychology.</p>
<p>22 The impact has been profound both professionally and personally. I believe I have increased knowledge and skills. In addition I am more assertive and confident about expressing my opinion and beliefs and taking action too.</p>	<p>22 Nil response</p>
<p>23 Personally I have benefited a great deal. I have a substantial international professional network and some good life-long friends. Overall these comments provide reference points and feedback into my present professional activity.</p>	<p>23 Broader understanding of trends in nursing practice and education. Greater confidence in professional abilities.</p>
<p>24 Broadened my horizon, enabled me to develop an international network of colleagues and given me more determination to achieve personal and professional goals. Further enhanced my view that tertiary education for nurses is essential.</p>	<p>24 The Kellogg Fellowship opened new opportunities for me in terms of career advancements. Having been given a short-term fellowship, I found that when I was in the US I desperately wanted to undertake a Master's degree. Having been to the US allowed me to put a better case to the Health Department, Victoria, to grant me a scholarship so that I could return to the US. I am working as a consultant to the Regional Officer, Health Department of Victoria, in Community Health, and am working as a Community Health Nurse at a Community Health Centre.</p>
<p>25 Successful completion of 2 degrees which would have been impossible without Kellogg - my career prospects are unlimited.</p>	<p>25 Was greatly influenced and inspired by Sarah Archer, she made me feel proud to be a nurse, especially proud to be a Community Health Nurse at a Community Health Centre. In comparison with the US we can be proud of Australian Nursing Practice.</p>

FELLOWSHIP IMPACT CONTINUED....

13.10 Comment on overall impact of your W. K. Kellogg Foundation Australian Nursing Fellowship. Continued....

LONG TERM

SHORT TERM

- | | | |
|----|----|---|
| 26 | 26 | Greater understanding and a broader perspective of nursing roles and issues generally and even more specifically in relation to my foci of study - Clinical Nursing Specialist Role and Primary Nursing. |
| 27 | 27 | I think it has given me greater confidence to speak out at various meetings. I tend to view issues differently to lecturers who: (i) have not studied full-time; and (ii) have not studied overseas. |
| 28 | 28 | It had profound benefits to my personal growth and socialization. This has given more professional impact; as what has been learnt has been effected in the workplace (slowly, I might add). |
| 29 | 29 | The most important impact was that I deepened my commitment to Nursing and I met Nursing practitioners and academics who acted as role models for a more professional nurse. |
| 30 | 30 | A greater motivation to complete and advance in tertiary education and a greater inclination for critical analysis of USA programs and their relevance for Australian context. A desire to travel again. |
| 31 | 31 | It has had a considerable impact. I have set up guidelines and evaluated community health grants; and prepared a directory for AIDS research both bio-medical and non-medical aspects; had responsibility for a period contract for test kits. Assisted in setting up benchmark research of community knowledge/belief attitudes practices for AIDS Education. Formal links and friendship with US colleagues, some of whom have been to visit Australia for OH Conference - October 1987 |

13.10 Comment on overall impact of your W. K. Kellogg Foundation Australian Nursing Fellowship. Continued....

LONG TERM	SHORT TERM
32	<p>32</p> <ol style="list-style-type: none"> 1. Formed International Nursing Network links that can be used when necessary. 2. Gave me a 'global view' of nursing in a reality sense, that I did not have before - although did have this view theoretically/conceptually. 3. Made me more confident in my own ability to contribute to nursing overall and it was a personal growth experience, as I had never travelled outside Australia before. 4. Formed personal friendship with US Nurse leaders/scholars who previously had only been 'names on paper', e.g. Dr Dorothy Reilly spent last Easter with us while here as a consultant to Curtin University.
33	<p>33</p> <p>Personally I have benefited a great deal. I have a substantial international professional network and some good life-long friends. Overall these comments provide reference points and feedback into my present professional activity.</p>
34	<p>34</p> <p>Increased self-esteem both in personal and professional spheres. Increased awareness of other career options.</p>
35	<p>35</p> <p>Most informative, stimulating but at times far too advanced for our Australian system, so lots of frustrations resulted. Lifted my self-confidence both professionally and personally.</p>

FELLOWSHIP IMPACT

13.13 In retrospect are there any recommendations that you believe could have improved the W. K. Kellogg Foundation Australian Nursing Fellowship Program?

Please list below. These will be included in the field study report.

LONG TERM		SHORT TERM	
1	Nil response	1	No. I had very few difficulties while on tour, I found everyone that I was associated with, most helpful and provided me with every assistance.
2	Nil response	2	It has been a source of dismay that 78 not 100 Australian Nurses had this unique academic experience. Recommend that the Kellogg Foundation be urged to grant 30 Fellowships for Australian Nurses, with leadership potential, to undertake Doctoral Studies.
3	I wish I had been more aware of the importance of a Masters by thesis, I did mine by course work and research project.	3	Not for me - I found the whole experience extremely beneficial and thank the personnel and organisations involved in the opportunity. Perhaps a consideration could be given to some form of nursing exchange program for the US/UK and other countries.
4	From my point of view it was absolutely excellent and I have nothing to add. The whole experience of studying and living in North America was absolutely marvellous and the professional and personal networks established have been most beneficial and rewarding.	4	Not really. I do believe that the person must be highly motivated - especially if things don't go according to plan. Easy to become despondent and possibly miss out on available opportunities. Must reorganize and regroup ideas for the program that has collapsed due to, for example, people leaving jobs, moving, retiring, becoming ill, etc.
5	A deeper understanding of the level of Education at Masters Level. I feel that study at a higher level would have been more appropriate for my needs.	5	Nil response
6	As every Kellogg Fellow could be considered as an 'ambassador' for Kellogg's mission, it could be a good opportunity that each Fellow could visit the Kellogg's Foundation office - to feel a sense of belonging and understand/learn more of the organisation/foundation.	6	As previously mentioned - better access to to information regarding course content and study options at the university. <ul style="list-style-type: none"> . More recognition/understanding by the host university/ies of our 'home' qualifications and experience. . Less 'red tape' and increased cultural awareness would be been stress reducing. e.g. Marks were often deducted from essay/ project submissions because spelling was not the 'American way'.

13.13 In retrospect are there any recommendations that you believe could have improved the W. K. Kellogg Foundation Australian Nursing Fellowship Program?

Please list below. These will be included in the field study report.
Continued.....

LONG TERM		SHORT TERM	
7	Greater number of scholarships to be initiated - enhanced critical mass of Australians working in clinical/administration. Too many scholarships awarded to nurse educators. Greater follow-up/networking and support of fellows facilitated by academic(s) institutions in Australia.	7	<ul style="list-style-type: none"> . Assistance with finding accommodation or <u>provided</u> on (or near) campus. . Assistance with enrolment and in getting a Social Security Number. . Faster reimbursement for Field Trips from the Kellogg Foundation. . The final stipend payment to be made in advance. I had considerable financial difficulty at the time of leaving Denver, December 1984 - all of which could have been avoided. I had to borrow money because the Kellogg Cheque arrived the day I flew out. It was a very distressing situation.
8	No	8	Nil. Overall organization of program (from a personal perspective) was excellent. My only regret was that I chose a short-term program!
9	Nil response	9	I would find it hard to suggest improvements as every effort was made to facilitate my study program, despite some, minor disappointments I felt with the calibre of one of my professors. The University staff were also most helpful with settling housing arrangements for me and extended hospitality as well. Likewise Karen Hollenbeck was extremely supportive I would say, though, that some warning about the general squalor and even fear prevalent in Detroit would have been in order at the time of sending out information to prospective applicants.
10	No response	10	More contact with the foundation whilst on tour.

13.13 In retrospect are there any recommendations that you believe could have improved the W. K. Kellogg Foundation Australian Nursing Fellowship Program?

Please list below. These will be included in the field study report.
Continued.....

LONG TERM	SHORT TERM
<p>11 I've given this a lot of thought and I can't think of any because I had only to ask either my advisor at the school of nursing or the Kellogg Foundation for special experiences that could be related to Western Australia and it was Okayed, i.e. 5 months in Alaska for a summer field study, time on the Navajo Nation, perceptionship with senior nurses in positions similar to my own. I think it is important for fellows to know what they want to do before going to USA. I planned Alaska and Navajo visits before leaving Australia. Copies of course outlines, etc., were very helpful - I found I only had to ask and information was forwarded to me. Pre-planning in Australia very important.</p>	<p>11 In general I was very pleased with organization of the Fellowship program, especially with the personal involvement offered. I see no major areas that would need to be improved/changed.</p>
<p>12 It would be valuable to have a mechanism to establish a professional mentorship at the university or in the city where the fellow is based. From personal experience it is essential to have appropriate credit cards for USA to avoid financial difficulties.</p>	
<p>13 I was most impressed with every aspect of the administration of the Kellogg Foundation. It would have established a sense of cohesion among Fellows if an opportunity had been formally created for Fellows to meet- either before leaving Australia, or after settling in North America. (Male, SA)</p>	<p>13 It was a personal and professional highlight: <ul style="list-style-type: none"> . in some cities (e.g. Detroit) vetting of accommodation location would ensure student safety; . allowance based on location - because of the cost of accommodation - one had to be very, very frugal. </p>
<p>14 More information on how to approach universities for family assistance, housing, schooling, etc. Very much a trial and error experience that was painful for first 6 months.</p>	<p>14 I found the experience a rewarding and satisfying one in which friendships were made on and off campus. Students undertaking short-term fellowships need to be self-directed and highly motivated to gain maximum benefits from their programs.</p>
<p>15 Nothing that has not already been discussed.</p>	<p>15 More communication between host university about programs available and dates of programs offered. Some classes were booked out before my arrival.</p>

13.13 In retrospect are there any recommendations that you believe could have improved the W. K. Kellogg Foundation Australian Nursing Fellowship Program?

Please list below. These will be included in the field study report.
Continued.....

LONG TERM	SHORT TERM
<p>16 I was fortunate in that my study program was everything I had hoped for and more. Support was evident from start to finish. It was a significant experience.</p>	<p>16 Nil response</p>
<p>17 W. K. Kellogg support is excellent. However the Foundation might consider contributing towards research/field work expenses undertaken in Australia, but part of the study program the candidate is completing in the States, especially when it is necessary for the candidate to return to America to submit the completed work and the Foundation is exempt from paying the usual on-campus fees in the US.</p>	<p>17 No. As a short-term fellow I found all the arrangements and support I received to be excellent. I probably should have explored their education system in more depth but I feel it was my responsibility.</p>
<p>18 No, I was most fortunate in having supervisors who trusted my judgement and allowed me to plan my studies and minimally supervised. I had a clear idea what I needed to do, and, on proving my capabilities, was left to 'get on with it.' I thrive under this regime. I was impressed by the caring, supportive responses. I received from the Kellogg Foundation (especially Karen and Loni). I also appreciated the opportunities for conference attendance and visits to other institutions and financial support that went with it.</p>	<p>18 In the information supplied by the study venues it would have been helpful to have more detail of the specialist area of concentration, e.g. if offering nursing education programs; do they concentrate on undergraduate post-graduate, articulative programs; is there a trans-cultural emphasis; do they offer innovative learning methods? Previous comments (see 12.4) apply. (See 7, p.14. S/T).</p>
<p>19 Preparation of nurses in Australia for the return of highly qualified RN's. I believe we faced the same prejudices as our young college graduates.</p>	<p>19 I question the wisdom of trying to continue both study and field visits. I spent 3 days in lectures and 2 days in field visits. The study program did not lead to anything in terms of recognition and had no status in my current Bachelor of Nursing Program. The field visits were interesting but often inappropriate as no direction was given and I often had to rely on the goodwill of fellow students. The situation may have been totally different in other States and other universities.</p>

13.13 In retrospect are there any recommendations that you believe could have improved the W. K. Kellogg Foundation Australian Nursing Fellowship Program?

Please list below. These will be included in the field study report.
Continued.....

LONG TERM	SHORT TERM
<p>20 The need for some form of briefing, debriefing, eg an audiovisual could be developed (for loan) about the hopes, feelings, traumas, solutions, other Fellows have had. College in the US is very different. Teleconference opportunity for those not able to meet other Fellows personally on return to Australia. I received major support from the Fellows in the States, at the same time, a list of them would have been useful to share experience gain ideas, work together and visit, etc. I am confined by own ideas about how I could have used the time away - my student advisor could have been much more informed about the Fellowship, Australian money, Australian culture.</p>	<p>20 It was good being in the first group of Fellows. I think we got special treatment. We all met each other in Canberra and were made a fuss of. All this helped when I finally got to the USA. There were the usual problems with mail from the USA being delayed and not being sure if you had anywhere to stay until you arrived in a particular city, or if anyone would meet you. It all worked out OK in the end.</p>
<p>21 A better knowledge of courses available in United States. My options were not clearly understood by me and I would have benefited by talking with someone who was familiar with the the US system.</p>	<p>21 My program was only short-term but would have been more beneficial and had more impact had I had an advisor to go to who ensured I was settled in and gaining useful experience. There was some prejudice to 'observational' status in that I felt inconvenient at times. Probably they didn't know what to do with me. I had to do a lot of self-motivation application and work involved in seeing what I wanted to learn. Had I been better prepared prior to leaving Australia I would have gained far more from my Fellowship. Five years later I am not using any of the skills I learnt in San Francisco and in fact have moved out of Nursing. (Occupational health now).</p>

13.13 In retrospect are there any recommendations that you believe could have improved the W. K. Kellogg Foundation Australian Nursing Fellowship Program?

Please list below. These will be included in the field study report.
Continued.....

LONG TERM		SHORT TERM	
22	In retrospect and before one experience most Australian Nurses have never had is that of a mentor - I believe if this could have been organized, or happened after arrival many students may have gained a great deal more from the Fellowship. In my two fellowships - one academic advisor was helpful and interested, the second one was unhelpful and if 'interested' was extremely difficult to communicate with. This aspect damped my two year program. I felt I could not develop that 'mentor' relationship with another faculty without snubbing my academic advisor. Therefore, I felt I really had no one I could look to for guidance or look up to for leadership and professional development.	22	No response
23	I was most satisfied.	23	The combination of enrolment in specific nursing units offered at Masters and Doctoral levels and projects based on observational visits to selected agencies provided a balanced short-term program. Administrative process of entire Fellowship was most efficiently managed.
24		24	I cannot think of any. It was an excellent program, and a wonderful opportunity for someone such as myself who was starting out on career nursing.
25		25	Nil response

13.13 In retrospect are there any recommendations that you believe could have improved the W. K. Kellogg Foundation Australian Nursing Fellowship Program?

Please list below. These will be included in the field study report.
Continued.....

LONG TERM	SHORT TERM
26	26 Notification of 'contact' areas for study prior to leaving Australia. Books then able to accompany applicant. A 'Directory of Nursing' with features of hospitals in the USA - useful for planning clinical units.
27	27 Perhaps more guidance or assistance in structuring a short-term program.
28	28 My only complaint was/is that the facility where the Fellowship was undertaken did not organise their resources to meet my goals. A lot of time and effort was lost trying to 'tap into' their system, when a program with structure would have overcome this frustration. Otherwise it was the opportunity of my lifetime. Thank you.
29	29 No. I found the whole experience beneficial. Right from preparing my application. The interviews were good - my first <u>big</u> interview. The organization and administration went very smoothly. I felt supported whilst I was there. Receiving the scholarship and my experiences in the States was a major life milestone. I'm very grateful of the experience.
30	30 The ability to translate short-term into a long-term experience if study institution prepared to accept student. More official status of short-term experience by institution accepting the fellow, e.g. UCSF.
31	31 Some formal evaluation of the program should have been built into the initial proposal. Some expectation that the recipients could have presented a progress report after twelve months. Also some discussion with recipients of how they would disseminate the information in their workplace on their return.

FELLOWSHIP IMPACT CONTINUED...

13.13 In retrospect are there any recommendations that you believe could have improved the W. K. Kellogg Foundation Australian Nursing Fellowship Program?

Please list below. These will be included in the field study report.
Continued.....

LONG TERM	SHORT TERM
32	32 Not so far as the program was concerned, but I probably could have carried out more detailed research into the socio-cultural reality of an area like 'Downtown Detroit' where I lived. The experience was totally positive. The College?university staff and Agencies that I visited when 'out of their way' to be helpful and friendly. My only regret was that I did not have a longer period of time available to be able to gain a further qualification and absorb more knowledge/ideas from our American colleagues. Perhaps more 'open' publicity about the worth of the W. K. Kellogg Foundation Australian Nursing Fellowship Pogram could have given Australia as a whole, a better idea of the benefits of the scheme.
33	33 More suitable accomodation. Increased allowance for books and research. More contact with Pre-Kellogg students so as to assist students (them) with what to expect, study-wise, the amount of work expected for each subject.