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CHAPTER 1

THE EVOLUTION OF STAFF DEVELOPMENT: RESPONSE TO A CHANGING HEALTHCARE ENVIRONMENT

Competency: The staff development specialist identifies evolving staff development trends and uses this information to plan inservice and continuing education programs.

OBJECTIVES

At the conclusion of this chapter, the learner will be able to

1. describe historical events that influenced the evolution of staff development
2. analyze historical trends and use data to plan education programs
3. identify specific historical milestones in the history of nursing and staff development response to these events

Introduction

In this context, staff development is the process of providing continuing education and training for people working in organizations that specialize in the delivery of healthcare products and services. Historical analysis of the evolution of nursing staff development shows that explicit, repetitive trends indicate the need for specific types of training and continuing education for healthcare professionals. This chapter traces the history of staff development and identifies strategies for program planning based on past trends and predictions for the future.
Origin through World War II (WWII)

Nursing staff development began with the efforts of Florence Nightingale during the Crimean War (1854–1856), a bitter struggle between Russian troops and an alliance of soldiers from Turkey, Britain, and France. The horrific numbers of ill and injured men lead to a desperate need for care provided by reputable nurses. Nightingale worked tirelessly to improve the efficiency and adequacy of nursing care for allied troops.

After the war, Nightingale established standards for the nurses’ training schools that she founded, and she worked to improve efficiency and care delivery in hospitals. She championed the importance of education and, thus, advised nurses to embark on a course of lifelong learning and to use the acquired knowledge to improve patient care.

**Impact on staff development:** A major event that threatens geographic or world-wide safety and causes illness and injury increases the demand for good patient care. Such a demand increases the need for qualified nurses, which elicits a need for more training and education at the undergraduate level and for the newly licensed nurse as well.

Throughout the late 1800s and early 1900s, emphasis fell on creating training schools for nurses, not facilitating lifelong learning. Formal staff development programs for nurses were practically nonexistent. Hospitals were primarily staffed by nursing students, and the majority of trained nurses earned their living as private-duty nurses in private practice. However, some early advocates of formal staff development programs began to publish articles in nursing journals describing the need for ongoing continuing education. In 1912, Edna L. Foley, superintendent of the Visiting Nurses’ Association in Chicago, proposed that graduate nurses attend inservices and continuing education programs. In 1928, Blanche Pfefferkorn, executive secretary for the National League for Nursing, wrote a historical review of nursing inservice education, encouraging its expansion.

Then one major event triggered a dramatic change in the way nurses earned their living: the Great Depression of the late 1920s and 1930s. The number of patients who could afford private-duty nurses sharply decreased, forcing many nurses back into the hospital setting for the first time since their initial training. Equally surprised were the hospital administrators, who found
themselves in the position of hiring graduate nurses in significant numbers. This shift in practice setting created several education needs. Newly hired nurses required orientation to the hospital setting and inservice training for on-the-job skills. They also needed to learn to work as part of a team that provided care to large numbers of patients rather than as solo practitioners who were rarely responsible for more than one patient at a time.

**Impact on staff development:** Newly hired graduate nurses required orientation and inservice education pertaining to on-the-job skills. They also needed training in teamwork and organizational skills. Because there were no staff development departments to coordinate these programs, head nurses and nursing supervisors usually were responsible for training and education activities. Economic and political trends affect healthcare, so staff development specialists had to be able to anticipate and meet subsequent educational needs.

World War II brought even more changes to the nursing profession. Nurses left hospitals in large numbers to join the armed forces, which caused a shortage of registered nurses at home. In an effort to combat the shortage, inactive nurses were encouraged to return to work in the hospital setting. The number of nonprofessional staff increased in an attempt to compensate for the lack of registered nurses.

**Impact on staff development:** Nurses returning to the work force needed refresher courses. Non-professional staff required training, inservice, and continuing education. These issues sharply increased the need for staff development services. Today, educators are expected to meet at least some of these needs via self-learning modules, computer-based learning, etc., to avoid making nurses leave their units and sit in a classroom.

**1940s–1960s**

The decades following WWII were periods of great advances in medical technology and treatment and of corresponding opportunities for the advancement of nursing practice. These advances and opportunities helped to promote staff development as a distinct, viable nursing specialty because of the educational needs accompanying these trends.
This era was also a period of self-analysis for the profession. During the 1940s and 1950s, nurses and other healthcare personnel began to evaluate their responsibilities and mandatory qualifications against standards set by various professional organizations. Orientation, inservice, and continuing education needs began to be viewed as priorities by healthcare organizations. In 1953, the Joint Commission for the Improvement of Care of the Patient (a precursor of the Joint Commission on Accreditation of Healthcare Organizations, or the JCAHO) proposed the establishment of a distinct department devoted to the training and continuing education needs of the nursing department.

**Impact on staff development:** For the first time in its history, the nursing profession was advised by an accrediting organization to establish a department devoted to meeting the continuing education and training needs of nurses. Today, staff development specialists must be aware of new standards established by accrediting bodies that influence education delivery.

Charge nurses and supervisors began to assume more administrative responsibilities in the 1960s, which sparked a need for leadership and management training. In addition, scientific inquiry became more important during this decade. The need for an objective, scientific evaluation of nursing care delivery against documented standards of quality became important not only for the well-being of patients but also to determine how and why nursing is practiced.

Staff development specialists had to deal with the multiple orientation needs that became quite apparent during the 1960s. Three entry levels of educational preparation—the diploma, the associate degree, and the baccalaureate degree—offered varying amounts of clinical exposure for nursing students. These differences affected the amount and type of orientation required by newly licensed nurses.

Finally, the advent of critical care units created a need for nurses with highly specialized technical skills and accurate performance in an atmosphere of extreme pressure.

**Impact on staff development:** The following continuing education needs became apparent: leadership and management skills, the nursing research process, flexible orientation programs, and critical care skills. Changes in basic preparation and care delivery alert staff development specialists to changes in their own practice areas.
The evolution of staff development: Response to a changing healthcare environment

Then, a special event occurred in 1969, one that helped to promote staff development as a viable nursing specialty: The Medical College of Virginia’s Health Sciences Division of Virginia Commonwealth University sponsored the first national conference on continuing education for nurses.

1970s–1990s

The 1970s and 1980s were periods of great change in the staff development specialty as well as in the nursing profession. In the 1970s, the following events helped to establish staff development as a distinct healthcare specialty:

- 1970: *The Journal of Continuing Education in Nursing* was first published
- 1973: The American Nurses’ Association (ANA) established the Council on Continuing Education
- 1974: The book, *The Process of Staff Development: Components of Change* was published. It defined the practice of staff development until the 1980s
- 1978: The ANA published *Guidelines for Staff Development*
- 1978: The Joint Commission on Accreditation of Hospitals mandated that a position to oversee and coordinate staff development activities be established in its affiliated hospitals

The 1970s also saw an expansion of the women’s movement, including a broadening of career opportunities for women. As women took advantage of these changes, enrollment in nursing programs decreased, as did the number of licensed, working nurses.

*Impact on staff development: Writing skills emerged as an educational need because of the advent of staff development publications. An increase in the number and variety of career options for women resulted in decreased enrollment in schools of nursing and a decrease in the number of working RNs. A shortage of RNs required staff development specialists to prepare and implement refresher courses for RNs, to offer more training and continuing education for nonprofessional...*
nursing department personnel, and to think of ways to make learning more convenient as it became increasingly difficult for staff members to leave their units to attend programs in classroom settings.

The realization that healthcare truly is a business was acknowledged by both healthcare personnel and consumers during the 1980s. Nurses—particularly nurse managers—needed to acquire business acumen as the healthcare industry took on the characteristics of the for-profit sector. The initiation of diagnostic-related groups (DRG) resulted in rapidly decreasing lengths of stays for patients.

Impact on staff development: The need for education pertaining to financial management and the business aspects of healthcare drove staff development specialists not only to arrange for such programming but also to improve their own business skills. Financial management skills continue to grow in importance for nurses.

In 1985, The Journal of Nursing Staff Development (now known as the Journal for Nurses in Staff Development) began publication. In 1989, the first professional association for nurses in staff development, the National Nursing Staff Development Organization (NNSDO), was established. Additionally, books devoted to the practice of nursing staff development were published by major healthcare publishing companies.

1990s

The 1990s were years of rapid advances in technology and in the prevention and treatment of disease. It was also the decade during which the world became widely aware of devastating “new” diseases such as AIDS (Acquired Immune Deficiency Syndrome). The ’90s also saw the creation of large health systems as hospitals, outpatient facilities, and long-term care facilities merged in efforts to reduce competition and to provide “one-stop shopping” for persons needing a variety of healthcare services.

The increasing effects of DRGs, the growing influence of health maintenance organizations (HMO), and health insurance companies’ restrictions on types of treatments and lengths of stay combined to make cost reduction a necessary survival mechanism for newly created health
systems. For the first time in decades, healthcare personnel, including nurses, faced layoffs. “Downsizing” was added to the vocabulary of nearly every American.

**Impact on staff development:** Distance learning—including computer-based learning (CBL), self-learning modules, and e-learning—became an important way of providing education to nurses who were unable to leave their units. Staff development specialists also faced the downsizing phenomenon, as the first “cuts” were often made in education-related departments. Staff development specialists were called upon to prove their value to the organization by measuring education’s impact on organizational effectiveness and by demonstrating a return on investment (ROI). They also assumed broader responsibilities such as providing housewide education instead of department-based education and taking on additional roles, including consultant, researcher, and performance coach. This prompted many organizations to remove the word “nursing” from staff development and refer to the department simply as staff development.

Additional significant events directly affecting staff development specialists in the 1990s are summarized below:

- 1992: The ANA published *Roles and Responsibilities for Nursing Continuing Education and Staff Development Across All Settings*

- 1992: The American Nurses Credentialing Center (ANCC) offered the first certification examination for nursing continuing education and staff development

- 1995: The first *Core Curriculum for Nursing Staff Development* was published

- Emphasis shifted from provision of services to evaluating what impact education had on organizational effectiveness

- The term “staff development” was replaced in some organizations with other terms such as “organizational development,” “corporate university,” “education department,” and “professional development department”

- Qualifications for leadership in staff development focused on education and managerial experience rather than clinical expertise
The 2000s

As the healthcare community confronts the challenges of the initial years of the 21st century, the responsibilities and accountability of staff development specialists continue to grow. Government regulations such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) increased the need for mandatory training. Cyclical nursing shortages affected the delivery of care. But an event that forever changed educational needs, as well as how the United States functions as a member of the world community, was September 11, 2001 (9/11). The horrific attacks on the World Trade Center and the Pentagon and the hijacking and subsequent crash in Pennsylvania of an airplane, triggered an immediate, ongoing need for rigid emergency preparedness. This event also made healthcare professionals aware of a need for knowledge about bioterrorism and the effects of weapons of mass destruction, including radiation and germ warfare. These types of educational needs were not anticipated by many, but now they are regarded as necessities.

*Impact on staff development: In addition to emergency preparedness training and education concerning bioterrorism and other weapons of mass destruction, staff development specialists must be aware of new threats, particularly in the germ warfare arena, and plan education accordingly.*

Conclusion

Staff development has changed drastically since the days of the Crimean War, when Nightingale first advocated lifelong learning. Staff development specialists must learn from their history by analyzing trends and events that affect staff development and plan educational endeavors accordingly. The following table summarizes the evolution of staff development, highlighting significant events and their impact on the practice of staff development.
The evolution of staff development

<table>
<thead>
<tr>
<th>Time period</th>
<th>Event</th>
<th>Impact on staff development</th>
</tr>
</thead>
<tbody>
<tr>
<td>From nursing’s origin to WWII</td>
<td>Crimean War</td>
<td>Increased demand for formalized, high-quality training for nurses. Nurses were encouraged to pursue lifelong continuing education. The numbers of “training” schools for nurses increased, as well as the need for instructors to staff these schools. Nurses needed opportunities for lifelong learning.</td>
</tr>
<tr>
<td></td>
<td>Great Depression</td>
<td>Nurses moved from private practice to the hospital setting. These nurses needed orientation to the hospital setting and training in organizing care for large numbers of patients. Training was generally provided by head nurses and supervisors.</td>
</tr>
<tr>
<td></td>
<td>WWII</td>
<td>RNs joined the armed forces, causing a severe nursing shortage. Inactive nurses were recruited to return to work, and the number of nonprofessional staff increased. Refresher courses for inactive nurses, training, inservices, and continuing education for nonprofessional staff increased the need for staff development services.</td>
</tr>
<tr>
<td>1940s–1960s</td>
<td>Decades following WWII</td>
<td>Advances in medical technology and treatment and expanded roles for nurses increased the need for continuing education.</td>
</tr>
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### The evolution of staff development (cont.)

<table>
<thead>
<tr>
<th>Time period</th>
<th>Event</th>
<th>Impact on staff development</th>
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<tbody>
<tr>
<td>1953</td>
<td>The Joint Commission for the Improvement of Care of the Patient proposed the establishment of a distinct department devoted to the training and continuing education needs of nurses.</td>
<td></td>
</tr>
<tr>
<td>1960s</td>
<td>Nursing research assumed greater importance, critical care units opened, varying basic preparation programs triggered a need for flexible orientation, and head nurses required more management and leadership skills.</td>
<td></td>
</tr>
<tr>
<td>1990s</td>
<td>New, virulent disease processes affected the worldwide population</td>
<td>Continuing education grew in importance due, in part, to rapid medical advances and new disease entities.</td>
</tr>
<tr>
<td></td>
<td>Mergers and downsizing became common events</td>
<td>Staff development specialists had to prove their value to the organization by demonstrating education’s impact on organizational effectiveness. They also assumed broader role responsibilities such as providing continuing education to an entire organization instead of just nursing</td>
</tr>
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The evolution of staff development (cont.)

<table>
<thead>
<tr>
<th>Time period</th>
<th>Event</th>
<th>Impact on staff development</th>
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<tr>
<td>2000s</td>
<td>Thanks in part to expanding responsibilities, staff development assumes a housewide role</td>
<td>staff and acting as consultants, researchers, and performance coaches.</td>
</tr>
<tr>
<td></td>
<td>September 11, 2001</td>
<td>ANCC offered a certification exam for nursing continuing education and staff development.</td>
</tr>
<tr>
<td></td>
<td>HIPAA and other government regulations are enacted</td>
<td>Staff development specialists were expected to prove their value to the organization by demonstrating education’s impact on organizational effectiveness and measuring ROI.</td>
</tr>
<tr>
<td></td>
<td>Cyclical nursing shortages</td>
<td>First Core Curriculum for Nursing Staff Development was published.</td>
</tr>
<tr>
<td></td>
<td>Education must be delivered at the convenience of staff members.</td>
<td>Emergency preparedness became an education priority, as did the effects of weapons of mass destruction.</td>
</tr>
<tr>
<td></td>
<td>Refresher courses must be implemented for inactive RNs returning to the work force.</td>
<td>Types of mandatory training increased.</td>
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Bibliography


1. The event that triggered the beginning of staff development was:
   a. The Great Depression
   b. The Crimean War
   c. World War I
   d. World War II

2. The Great Depression’s impact on staff development was to cause a significant need for:
   a. orientation to the hospital setting
   b. training schools of nursing
   c. a distinct department devoted to staff development
   d. specialty certification

3. Expanded use of nonprofessional healthcare workers was one of the results of:
   a. The Great Depression
   b. Florence Nightingale’s nurses’ training schools
   c. World War II
   d. advances in medical technology

4. Staff development specialists should realize that, in the event of a shortage of active registered nurses, they must be prepared to:
   a. offer fewer education programs for unlicensed personnel
   b. offer more continuing education programs in the classroom setting for RNs
   c. spend less time orienting inactive nurses who are returning to work
   d. develop and implement refresher courses

5. What milestone in the evolution of staff development occurred in 1953?
   a. Training needs for nonprofessional staff were first identified
   b. The Joint Commission proposed that a distinct department devoted to nursing education needed be established
   c. Nursing research became a mandatory activity within healthcare organizations
   d. Journals written specifically for nurse educators and staff development specialists were published
6. Amanda is the vice president for staff development in a large, multihospital healthcare system. One of the organization’s strategic goals is to assume a leadership position in the field of long-term care within the next five years. Historically, the organization’s emphasis has been on women’s health issues. Amanda is asked to submit her long-term goals for review by the CEO and his administrative team. Which of the following goals is the highest priority for long-term planning?
   a. Decrease the time spent orienting new employees by 5%
   b. Increase the hours of labor and delivery education offered by 10%
   c. Facilitate the certification of nurses as geriatric specialists by developing and offering certification preparation courses at least quarterly
   d. Facilitate the transition from LPN to RN by offering state board preparation courses to LPNs enrolled in RN programs

7. Recognizing that women have more career options suggests that staff development specialists should make all of the following priorities EXCEPT:
   a. refresher courses
   b. distance learning programs
   c. more training for nonprofessional staff
   d. more education programs presented in the classroom setting

8. An increase in continuing education pertaining to financial management was due to:
   a. acknowledgment that the healthcare industry is a business
   b. the healthcare industry’s movement toward a not-for-profit outlook
   c. expansion of the women’s movement
   d. a decrease in the number of nurse managers

9. The 1990s were characterized by which of the following?
   a. The start of management training for nurse leaders
   b. The proposal that staff development should be a distinct department within an organization
   c. Downsizing of hospital personnel, including nurses
   d. A decrease in the roles of staff development specialists because of budget cuts

10. In the 2000s, which of the following types of education assumed a new, critical importance?
    a. Writing skills
    b. Inservice training
    c. Performance coaching
    d. Emergency preparedness
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