Institutional Goal Analysis: An Approach to Program Evaluation

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In recent years there has been increasing attention given to the principles and practices of evaluation in nursing education. An inordinate amount of attention is being placed on current problems and possible solutions to the difficulties inherent in evaluation. The way in which an evaluation program is planned, implemented, and the data utilized can have a profound effect on the entire process of nursing education.

As resources for educational programs in nursing continue to decrease and nursing faculty and administrators are faced with justifying their very existence, program evaluation is becoming an essential issue for nursing educators (Waltz & McGurn, 1983). This issue is intensified as nursing education continues to move into the collegiate setting. Nursing educators are under a great deal of pressure to develop clear, concise, and relevant goals for nursing education in the academic setting. These goals are needed not only for the nursing faculty and students, but also to help justify the existence of nursing education in the collegiate setting to other members of the academic community. The goals of the nursing program need to be clearly communicated to the central administrators of the institution. Well-communicated goals for nursing education can assist nursing faculty to: (1) secure capital for the program, (2) secure acceptance of the program by other members of the college or university, (3) secure needed resources in the form of qualified faculty, and (4) coordinate the activities of the nursing program (Perrow, 1961).

Traditionally, goals of baccalaureate nursing programs have included development of professional competencies, of intellect, ethical and social standards, and of individual talents (Pivars & Gosnell, 1975; Guineé, 1966). Kramer (1981) more recently defined the goal of baccalaureate nursing education as graduating a liberally educated nurse who can function in a variety of settings with the specific skills of care giver, leader, health promoter, teacher/counselor, and health screener. This goal encompasses many aspects of nursing and the current trends in nursing such as increased research, greater community involvement, and meeting the demands of a changing society.

Goals for nursing education have generally been outcome goals that reflect an end product. In the 1980s, knowledge began to double every two years. As a result, nursing educators needed to teach students to discard old knowledge and incorporate the new. This art of critical thinking is best illustrated through the use of process goals (Bevis, 1978).

Although nursing educators have talked of the importance of goals and formulate broad goals for nursing education programs, these goals are rarely communicated to other members of the academic community. The goals also need to be more effectively evaluated and revised. Virtually no research has been conducted in the area of goal formulation for nursing education to assist with this process. Many attempts have been made, however, to define the goals of various nursing educational programs.

Even though the literature describes goals in a variety of ways and many authors attempt to classify goals, problems with goal formulation and achievement continue to exist. If goals are to be of value to the organization, they need to be clearly stated, measurable, problematic, and accepted by the members of the organization (Cohen & March, 1974).

The goals of a baccalaureate nursing program must also be in line with the goals and philosophy of the institution and reflect the views of the administrators, faculty, and students involved with the program. Nursing educators must also be aware of internal and external constraints that may impact on goal formulation. Internally this would include faculty, students, and administrators of the nursing program. Incongruency of goal perceptions among these groups can lead to increased student attrition rates, ineffective leadership, and increased faculty turnover.

The goals of the nursing program must also be congruent with the overall goals of the university or college. They must reflect the philosophy of the institution and relate to the stated organizational goals. Accurate interpretation and acceptance of the goals of the nursing program are vital if the program hopes to gain acceptance and support from central administrators and faculty from other disciplines within the university setting (Gallagher, 1965).

External constraints include potential employers, financial restraints, and social constraints such as student rights, minority issues, and community pressure (Kelly, 1978). As consumers of a product of the educational system, potential employers can have a great deal of power over the nursing program to produce a marketable product. Community members, as consumers of health care, also have a great deal of power over health care agencies and indirectly over the nursing programs that supply the majority of nursing personnel needed to staff the agencies (Ehret, 1979).

Financial constraints have resulted, in part, from decreased federal funding for higher education and nursing education. Stipulations attached to some types of funding can influence the development of specific goals for the nursing program (Gross & Grambsch, 1968). Gifts and endowments have also decreased as a result of a depressed economy.

In addition to local external constraints, organizations such as the State Board of Nursing and the National League for Nursing have an impact on the goal formulation within a nursing program. If a nursing program is to remain accredited, certain stipulations set forth by these agencies must be met. These factors must be reflected within the program through goals and objectives and evaluation of these aspects of the program.

These internal and external constraints complicate the task of goal formulation within a nursing program. They must all be considered, however, when formulating or revising program goals and objectives. The goals must be clearly communicated to all individuals within the nursing program, across the university, and in the health care community. Analysis of goal consensus in these areas can provide a basis for program evaluation in nursing.

Goal Perception Consensus

To date, the nursing literature offers no suggestions on methods of measuring goal consensus within nursing programs. There is, however, an instrument available to assist educators in the formulation of goals and to help evaluate the extent to which the
nursing program has been effective. The Institutional Goals Inventory (IGI), developed through the work of Uhl, Peterson, and Gross and Grambsch has been used in a variety of educational programs to assist with program evaluation (Peterson & Uhl, 1973).

The first major research conducted on institutional goals for higher education did not occur until 1964 when Gross and Grambsch began investigating goal formulation and achievement in colleges and universities. Until that time, it was assumed that the goals of higher education were teaching, research, and public service. Gross and Grambsch originally analyzed data from 68 institutions of higher education. Participants were given 48 goal statements which were evaluated as (1) "are" and (2) "ought to be" goals for higher education. The results revealed that academic freedom was perceived as the most important goal of higher education by faculty and administrators, while student related and financial goals ranked low as priorities (Gross & Grambsch, 1974). Additional studies supported these findings.

Based on their original research, Gross and Grambsch developed a goal inventory consisting of 47 items with goals designated as either output goals or support goals. They then repeated their study in 1971 using the same basic research format and sample. The results supported their findings of the 1968 study. The research conducted by Gross and Grambsch became the preliminary form of the Institutional Goals Inventory.

Uhl adapted the instrument for his study of goal perceptions of colleges and universities by both on-campus and off-campus groups. The results of his study recommended that the faculty and administrators of colleges and universities needed to improve themselves by becoming more self-conscious about their own abilities, more understanding of what they have been, and better informed about what is happening to them (Uhl, 1971).

Peterson revised the original inventory to develop the final form of the Institutional Goals Inventory resulting in a reduction of goal areas from 47 to 20 with 13 outcome goals and seven process goals. A five point Likert scale was utilized to evaluate 90 goal statements on an "Is" and a "Should Be" basis. Eighty of these goal statements were clustered into the 20 goal areas with an additional 10 miscellaneous goal statements. Table 1 illustrates the classification of the goal areas. The Institutional Goals Inventory format also provides for up to 20 additional goal statements that may be developed by the researcher for his or her specific purposes. Goal statements relating directly to nursing can easily be incorporated into the instrument.

Research results indicate that the Institutional Goals Inventory has appreciable validity and reliability. Data indicate internal consistency of observation with an r of .90 (Lunneborg, 1976). The Institutional Goals Inventory is a valid and reliable instrument that has been used in a variety of settings. It can also be of value in the evaluation of nursing programs in all academic settings.

**Application of the Institutional Goals Inventory to Nursing Education**

Nursing educators must be in agreement as to specifically what they want to accomplish through their curriculum and secure acceptance of the program throughout the college or university. The Institutional Goals Inventory can help meet these needs.

An example of the usefulness of the Institutional Goals Inventory in nursing education can be seen in the following application of the instrument to selected baccalaureate nursing programs. The nursing programs included one located in a large, urban, state university, and one in a small, private, liberal arts college. The Institutional Goals Inventory was used to explore goal perceptions of nursing administrators, faculty, and students within each school and also between schools.

The nursing program in the state school was established in 1967 and employed 30 full-time faculty members and two administrators at the undergraduate level. Approximately 400 students were enrolled in the undergraduate program at the junior or senior level or as RN completion students. Full-time faculty and administrators were included in the study. Due to the disproportionate number of undergraduate students enrolled in the program, a systematic sample was drawn with 20% of the students being sampled. The response rates were: administrators — two (100%), faculty — 25 (83%), junior level students — nine (50%), senior level students — 12 (66%), and RN students — 15 (65%).

The nursing program at the private school was established in 1975 and employed six full-time faculty plus one nursing administrator. Approximately 75 students were enrolled in the nursing program in either the sophomore, junior, or senior level. All faculty, students, and the administrator were included in the study. Response rates were: administrator — one (100%), faculty — six (100%), sophomore level students — nine (32%), junior level students — 13 (52%), and senior level students — 16 (80%).

Ten additional goal statements were developed based on current nursing literature and included in the Institutional Goals Inventory. Table 2 illustrates the additional goal statements specific to nursing.

When comparing goal consensus between the two baccalaureate nursing programs, statistically significant differences were found to exist on 13 of the 20 goal areas plus goal statements 5, 8, and 9. In addition, all goal areas and statements were rated higher on the "should be" scale than on the "is" scale at both schools.

At the private college, those goal areas dealing with internal issues were seen as being of greatest importance with an emphasis on teaching. Goal areas dealing with external concerns were rated as being of lower importance. Included in this group were the goal areas of research and meeting local needs.

At the state university it was also found
that internal issues were of high importance as was teaching. However, research and meeting community needs were also rated as being of high importance on the "should be" scale.

A comparison of the two schools indicated that the members of both schools felt that the goals should be of greater importance than they currently were at the schools. Greater goal discrepancies between the "is" and "should be" scales were seen at the private college. Based on the research, it can be concluded that differences of goal perceptions do exist between the private and the public baccalaureate nursing programs.

Although there were significant differences between the two nursing programs, there was a greater level of goal consensus within each school with significant differences between faculty and students being found on only five of the 20 goal areas. It was also found that students and administrators tended to rate all goal areas higher than did faculty members. It appears that perhaps students and administrators have a more idealistic view of nursing education than do faculty members. This is an issue that needs to be further explored. Have students and administrators become too idealistic and demanding of faculty or have faculty members lost their idealism and enthusiasm for teaching due to pressures from both internal and external constraints and demands?

Another interesting finding was that students progressed through the nursing programs, their perceptions of the goals changed. Senior level students at the private college and RN students at the state university tended to have goal perceptions that were similar to those of the faculty members at their school. It appears that the students may lose some of their idealism as they become socialized into the nursing program and the nursing profession. This raises another issue. Are faculty members inhibiting the enthusiasm and idealism of the students to prepare them for the "real world" of nursing? Does this decrease the chance of "reality shock" or are students being molded into a standard nursing prototype? This is an area that needs serious consideration and study.

Although there were goal incongruencies between the two nursing programs, this does not appear to be a serious problem. While the state university program placed more emphasis on research and public service this may be due to the fact that the nursing school also has a graduate program in nursing and the university is located in an urban area with a major emphasis on community needs and service. These factors do not exist at the private college. It appears that the major issue of goal congruency within each school does not present serious problems for either school at this time.

Each goal area should be evaluated and revisions made as necessary at each school. The major issue appears to be the fact that goals were rated more highly on the "should be" scale than on the "is" scale at both schools. If the general consensus is that the goal areas should be of greater importance than they currently appear to be, how can these discrepancies be rectified? Students from all levels, faculty, and administrators need to be involved in this process of evaluation. The Institutional Goals Inventory analysis identified the areas of concern giving faculty, students, and administrators a basis on which to formulate plans for strengthening and improving the program. The results of the Institutional Goals Inventory can result in specific recommendations for individual nursing programs as well as for nursing education in general.

### Summary

Although nursing literature discusses the importance of goals in nursing, little if any research has been conducted on the subject. Many of the studies focusing on nursing education deal with faculty turnover, effectiveness of various types of nursing programs, and the role and functions of the nurse. To better understand these problems, an understanding of the current goals of various nursing programs is needed. This can establish a basis on which to explore other problems in nursing education and the nursing profession.

Conducting an analysis of goals on a nursing program not only contributes to the profession of nursing but also benefits the individual schools by revealing areas of goal incongruency within each program. The use of the Institutional Goals Inventory is recommended for evaluation of all nursing programs. It can be used not only to baccalaureate educators, but also to those involved in associate degree and diploma education as well as graduate nursing education.

After identifying areas of goal consensus and differences, a delphi approach can be utilized to solve problems and establish relevant and realistic goals.

### References


The Student Health Center: A Unique Clinical Experience for Nursing Leadership Students

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Structure of the Experience

Students enrolled in the course, Practicum in Nursing Leadership, are randomly assigned to a three-hour individual learning experience at the Student Health Center. This experience provides them the opportunity to work directly with the Nursing Health Educator who assists them to meet their learning needs and to explore special interest areas.

The Student Health Center provides ambulatory and inpatient health care to 14,000 students. An average of 350 students are seen daily at outpatient clinics, with last year’s total reaching 52,000 patient visits. The Center's staff consists of 15 registered nurses, three licensed practical nurses, three nursing assistants, four nurse practitioners, a nursing health educator, physicians, laboratory technologists, a pharmacist, and an administrative staff. This variety of health care professionals establishes an excellent learning environment for nursing leadership students, for the practicum course emphasizes the coordination and collaboration aspects of planning strategies for health promotion, maintenance and/or restoration.

One of the goals of the Student Health Center is to increase the Center's visibility on the university campus. The staff has sought to meet this goal through both the development of an ongoing wellness program, and the establishment of a liaison relationship with academic units. Therefore, the use of the Center for clinical learning experiences has mutual benefits for both the students and the Center. The students gain from this supportive learning environment while the Center obtains direct input regarding the wellness program activities through student selected special projects.

Overview of the Experience

The focus of the practicum is on the role of the nurse leader. Special emphasis is on the communication, motivation, leadership, and conflict resolution techniques/strategies used to direct others. Therefore, the students are encouraged to observe and interact with the Nursing Health Educator to explore these aspects of her leadership role.

The experience includes a tour of the facility and an overview of the services and programs available at the Student Health Center. The organizational structure, philosophy, and goals of the Center are discussed. Additionally, the students are given the opportunity to gain specific information based on their individual learning experiences.