Using the Telephone Interview for Evaluation of Baccalaureate Nursing Programs

Betsy Stetson, RN, EdD and Roberta H. Romeo, RN, PhD

ABSTRACT

Efficient use of the telephone is certainly relevant in the 20th century telecommunication age. A 20- to 30-minute phone call allows for interactive communication between the nurse educators and those who hire their graduates. Important information can be quickly obtained for assessing the outcomes of curriculum related to the perceived quality of nurse graduates practicing in various health care settings. This interview method was found to be efficient, convenient, and facilitated dynamic interchange. Feedback from respondents varied in their familiarity with the graduates and programs.

There is a continual need for evaluating nursing school curricula according to the Board of Registered Nursing (BRN) and National League for Nursing (NLN) guidelines. Educational evaluation is an integral part of the accrediting process which examines and assesses the nursing school's educational effect on nursing practice (Marquis & Worth, 1992). Ongoing evaluation is particularly important for producing nursing graduates who can successfully practice in our rapidly changing health care system. Changes in hiring of new nurse graduates and employment expectations make it imperative that nurse educators communicate often with the nurse employer (MacLeod & Farrell, 1994). "Revised structural and power relationship between nursing education and nursing practice are needed to support such fundamental changes in nursing curriculum" (p. 206).

When evaluating nursing programs, it is recommended that a variety of evaluation tools be used for measuring educational outcomes (multivariant in nature) and that tools be developed "locally"; thus, contributing to obtainment of valid data for making nursing curricula decisions (Marquis & Worth, 1992). An employer's evaluation of graduates from a program is one of the tools used by many schools. "Employer evaluation of the graduate is an important component of program evaluation and contributes a different view that is rarely reported in the literature" (Ryan & Hodson, 1992, p.198).

One of the most popular evaluation methods for collecting qualitative data is the interview method, ranging from an open-ended to a more structured approach (Ryan & Hodson, 1992). Telephone interviews between a health care agency and nursing school can provide quick information exchanges about the competencies of nursing graduates. Burnard (1994) found that the telephone method of collecting data for analysis reaches an agency more efficiently than other traditional methods (e.g., mailed surveys) frequently used by nursing schools. Joyce-Nagata, Reeb, and Burch (1989) reported that the telephone interview method can be one part of the nursing school's evaluation process to ascertain whether the school's expected graduate outcomes were evident in the work setting.

Purpose

The purpose of this article is to assess use of the telephone interview method as an essential part of the evaluation process. It is based on a study of the method conducted at a baccalaureate school of nursing (BSN) in a private Jesuit school. Specifically, the authors used the telephone interview and other traditional evaluation tools to efficiently collect qualitative data to ascertain outcomes of the generic and accelerated BSN programs and guide future curriculum design and development.

In the winter of 1994, the authors used a structured telephone interview that consisted of a questionnaire with open-ended questions to assess the differences between new nursing graduates from both the generic and accelerated baccalaureate tracks. A distinct advantage of the telephone interview method is that it enabled a broad sampling of health care agencies (mostly hospitals) within the San Francisco Bay Area.

Method

A 6-item questionnaire (Figure) was developed based on the literature (Joyce-Nagata, Reeb, & Burch, 1989) and input from evaluation committee members. It was critiqued for validity by nursing administrators and educators prior to its use. The questionnaire was piloted with an agency not involved with the evaluation in order to develop procedures for
obtaining agency cooperation and accurate results.

Approximately three weeks prior to the interview, a cover letter with a questionnaire was sent to local agencies who had previously provided clinical and employment opportunities for our nursing students and graduates. The cover letter discussed the purpose of the study and requested that all agencies identify a spokesperson who was later asked to arrange a convenient time for the interview. The evaluators followed up with agencies that did not respond. The agency spokesperson had the opportunity to review the questionnaire prior to the interview. This exposure to the questions facilitated the data collection process.

The evaluators divided the task of interviewing, individually, the spokesperson for each agency. Convenient times were arranged to suit both the evaluator and the respondent’s busy schedule. During the interview, the questionnaire was used as a guide between the spokesperson and the school evaluator. The interview was semi-structured; that is, a series of structured and open-ended questions were used to elicit both objective and in-depth responses. Borg and Gall (1983) used this method effectively in a study which found that the use of open-ended questions allowed for discussion of agency issues and their expectations of nursing graduates. During the interview, the evaluators discussed and recorded in writing the respondent’s answers while clarifying and expanding on information as needed.

Additional insights about the graduates of the two programs and suggestions for improvements in nursing education were offered by the respondents. Audiotaping was not used; however, one evaluator used a speaker phone for writing convenience. Interviews took approximately 20-40 minutes to complete.

Advantages and Disadvantages of the Telephone Interview

Advantages of the telephone interview, as reported in studies by Borg and Gall (1983) and Burnard (1994) were generally substantiated by this study.

This method provided:

1. Quick and efficient access to respondents from a large geographical area.
2. Dynamic interchange of information between educators and health care providers, e.g., it facilitated the discussion of sensitive subjects.
3. More data than traditional evaluation methods, such as the mailed survey, and
4. Reinforcement of positive, collaborative efforts between health care providers and educators in producing competent (quality) nurse graduates.

Some of the limitations in the interview process which may have affected the reliability and validity of the data were:
1. Some respondents lacked the necessary information needed to answer the interview questions. It was found that spokespersons varied in their familiarity with the population or programs being examined. Information, at times, was based on the recollection of very small numbers of new graduates.
2. Information and perspectives varied, depending upon the respondent’s role at the agency and involvement with new nursing graduates.
3. Respondents could have a tendency to present their personal views as those of the agency.

Discussion

Fifteen agencies (13 hospitals, 2 community health) responded. They were surveyed using the telephone method for obtaining data to assess differences between graduates from the generic and accelerated tracks for a baccalaureate program.

This particular interview process was
well received by the agencies. The data from the telephone interviews were analyzed using descriptive methods, summarized, and a copy sent to each of the agency spokespersons.

Examples that illustrate the data collected and suggestions on how to use graduate data as outcomes for evaluation and curriculum changes are as follows:

1. Data describing general qualities of the new graduates, identified their ability to use resources, know their limitations, and appropriately seek answers. Since these are qualities in the critical thinking process, it would be appropriate to utilize these data to support our graduates’ use of the critical thinking process.

2. All agencies reported work experience in the acute care setting and relevant life experiences, especially those that enhanced ability to organize and prioritize work, as valuable for employment. Some comments for improvement of the nursing curriculum were:
   a. more leadership/managerial skill training is needed to help registered nurses prioritize and manage health care workers;
   b. use other agencies, particularly in the community health care setting, to provide broader learning experiences; and
   c. students need to be taught more about finance and allocation of resources.

These comments which are useful in curriculum planning and evaluation, support the dramatic changes in the health care system and in nursing roles and responsibilities. This input is also useful for developing clinical experiences in the nursing curriculum.

3. Most agencies reported difficulty in identifying differences in practice between the generic and accelerated graduates of our school. This information is useful to the decision-making process of the school in regards to keeping or developing accelerated programs.

The following recommendations for the collection of valid and reliable data by the telephone interview method are: a) contact several key people within the same agency that have mentored, and/or worked with new graduates over time; b) give the contact person, in advance, the questionnaire to allow enough time for obtaining necessary information for the interview discussion; and c) provide the name and phone number of a contact person at the school whom the agency person can call for clarification of information requested.

Conclusion

The collection of employer information about alumni is an important component of program evaluation (Ryan & Hodson, 1992). It provides important data regarding the program outcomes and contributes, in part, toward meeting the NLN and BRN accreditation criteria for baccalaureate nursing schools. Although there are limitations to this method, it is an efficient and effective method for collecting outcome data. These data can be used by the school of nursing for making relevant curriculum changes to meet the new demands of an ever-changing health care delivery system.

References


