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ATTITUDES OF SELECTED INDIAN HEALTH PERSONNEL
TOWARD CONTINUING EDUCATION.

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ATTITUDES OF SELECTED INDIAN HEALTH PERSONNEL
TOWARD CONTINUING EDUCATION

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ATTITUDES OF SELECTED INDIAN HEALTH PERSONNEL
TOWARD CONTINUING EDUCATION

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ATTITUDES OF SELECTED INDIAN HEALTH PERSONNEL
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CHAPTER I

INTRODUCTION AND BACKGROUND

Continuing education/training for existing health service personnel is vitally important in view of rapid social-political change and increasing demand for health services. This is a study of attitudes of a selected group of health services personnel toward continuing education/training. For quite some time many individuals in the educational system have regarded continuing education/training as a remedial process. However, today the many demands placed upon our health service system linked with an accompanying limited source of manpower designates such training to be imperative for development of personnel to new and ultimate capabilities.

Continuing education/training may be defined as any activity ranging from short courses of varying length, correspondence study, an extended reading program, short conferences or meetings, or work toward an advanced academic degree. In the ultimate purpose of broadening or supplementing one's knowledge, continuing education/training may be accomplished in a short term, long term, in-service, out-of-service, conferences, seminars, or meetings. With the rapid technological changes

and scientific developments, especially as these relate to the delivery of health services, continuing education/training can and must be precisely what the term implies "continuing education/training." The allied health worker, as well as the professional, continues learning and increasing skills and capabilities by systematic and continuous reading of the literature in his special field of interest plus taking advantage, when possible, of available education/training opportunities. Policies of the agency or organization with which the worker is affiliated usually determine the amount of participation individuals may have with learning experiences. However, participation would be of minimal value unless the worker applies himself to various continuing education/training endeavors and translates the knowledge gained into everyday practice. Methods and techniques of any type of continuing education/training require motivation of the individual and time devoted to the endeavor.

Goerke noted that continuing education implies the acquisition or supplementation of basic knowledge in a particular field through the utilization of various methods of learning.¹ The general purpose of continuing education is, or should be, to improve the capabilities of health personnel toward providing better and more efficient service to the particular clientele or population served.

Steen has pointed out the importance of having a continuing education program that is staff-oriented.² It is important that enough be known about the various health personnel taking part in a program of continuing education/training to design, establish, or locate the kind of learning experiences which will meet their needs.

The demand today for increased health services has made the need for health personnel overwhelming. It is estimated that the total number of health workers in the United States exceeds three million with the demand constantly increasing.³ Today's health service system demands more personnel than can be supplied. Thus, continuing education/training for existing professional and allied health personnel is a major concern. Although agencies or departments encounter difficulty in assessing the benefits to be derived from a continuing education/training program, such a program is a recognized factor in boosting morale and enhancing the quality of staff performance within an organization. An agency or department that emphasizes continuous learning does much to stimulate a fresh attitude of personnel toward their work and also sharpens interest in new methods of accomplishment. "The process of learning should stop only with the last breath of life. An organization that does not aid and abet continued improvement of its employees is remiss in its responsibilities and in the long run handicaps itself."⁴

Considerable time and funds have been and will continue to be expended in an effort to provide continuing education/training for both the professional and allied health personnel if the goals and objectives of a demanding comprehensive health service system are met. As illustrated by Goerke, continuing education for all levels of personnel has become one of the most important facets of our system of education for the health services. "It supplements education, updates knowledge, and instills enthusiasm. No effort should be spared in enriching the content of continuing education and in extending its availability."⁵

The Indian Health Service program for the American Indians, and

in particular the Oklahoma City Area of the Indian Health Service program, provides an excellent research setting to conduct a study of continuing education/training as it pertains to attitudes of selected health personnel in a comprehensive health service system.

Indian Health Service

In August, 1954 the 83rd Congress passed Public Law 568 which transferred full responsibility for the Indian health program from the Bureau of Indian Affairs in the U.S. Department of Interior, to the U.S. Public Health Service in the U.S. Department of Health, Education, and Welfare.

On July 1, 1955 the United States Public Health Service assumed responsibility for the Indian Health program and the Division of Indian Health was organized as a part of the Bureau of Medical Services.⁶⁻¹⁰ As a result of the recent reorganization of the U.S. Public Health Service the program is now called The Indian Health Service and is a part of the Health Services and Mental Health Administration (HSMHA) within the U.S. Department of Health, Education, and Welfare.

Since the Indian health program transfer in 1955 considerable progress has been made in improving the health of more than 380,000 Indians and Alaskan natives eligible for health services.¹¹⁻¹²

The Indian Health Service is divided into eight areas across the country, each being responsible for the administration of a comprehensive health program for Indians under the particular area jurisdiction. A map showing Indian Health area jurisdictions is shown in Appendix I.

Service Units

To facilitate the administration of the Indian health program, the various areas are subdivided into service units.¹³ A service unit is the basic health unit in the Indian Health program operation, having a similar relationship to the Indian Health program as a county or city health department has to a state health department. The number of Indians in a service unit varies from several hundred to several thousand. Indians look to the various health facilities in the service unit for all their health needs. With only a few exceptions each service unit has a hospital or a health center and various field clinics. The Indian hospital is the center of activity within the various service unit locations. In addition to providing inpatient care through the hospital, the service unit also provides outpatient care through the establishment of various preventive and curative clinics as may be needed.

In an effort to provide a total comprehensive health services program for the Indians, additional services are provided by public health nurses, health educators, sanitarians, social workers, engineers and others who engage in home visits and other activities within the service unit.

Oklahoma has the second largest Indian population in the United States, estimated at some 65,000 persons. However, of the 30,000,000 acres of land originally allotted to Indians in this region, less than 3,000,000 acres remain in Indian hands.¹⁴ The Indians of Oklahoma largely represent those whose ancestors were forcibly uprooted and removed to the Territory.¹⁵

Health services for the estimated 74,000 Indians in the Oklahoma

City Area, which includes Indians in Kansas, Oklahoma, Mississippi, North Carolina and Florida, are provided by twelve service units with the general administration for the service units being conducted by the area office staff located in Oklahoma City. Eight of these service units are located in the State of Oklahoma and serve an approximate population of 65,550.¹⁶ A map showing Indian health service units in the Oklahoma City Area is shown in Appendix II.

According to area office personnel records, the total number of permanent employees on duty for the area as of January 1, 1969 was 737; 90 were employed in the area office in Oklahoma City and 647 were employed in the remaining twelve service units.¹⁷ The majority, 86% of the service unit employees were employed in Oklahoma.

Indian Health Service personnel are all federal employees employed under two basic personnel systems: the general service (GS) system of the Civil Service Commission and the Commissioned Officer (CO) system. Personnel from both systems are intermingled in the total Indian health program operation.

Each year the Indian Health Service budget appropriations include a considerable financial sum for the purpose of continuing education/training for both professional and allied health personnel. Whether continuing education/training is provided in or out of public health service facilities is dependent upon the needs of the personnel and program. A large portion of the inservice type education/training is provided and conducted by the Indian Health Service training center facilities located at Tucson, Arizona. The Public Health Service employs Indians in many positions in the Indian Health Service and conducts

training for special jobs such as practical nurses, sanitarian aides, dental assistants and community health aides.¹⁸

According to records from the Area Director of Training in the Oklahoma City Area office, a total of \$138,435 was spent for continuing education/training in the Oklahoma City Area for fiscal year July 1, 1968-June 30, 1969.¹⁹ It was also revealed that \$81,426 of this total amount or fifty-nine percent was spent in the eight Oklahoma service units for continuing education/training of both professional and allied health personnel.

Statement of the Problem

A review of the literature did not provide information concerning attitudes of professional and allied health personnel toward this entire spectrum of education/training. Information concerning the attitudes of both the professional and allied health worker will be of great value in the management and administration of a comprehensive health care program. Such information will also be helpful to the administrator in designing a program of continuing education/training for all levels of personnel within an agency.

To meet the needs of those being trained in relation to program goals and objectives, it is imperative that attitudes be assessed of both the professional and allied health personnel regarding continuing education/training.

For maximum efficient management and operation of a health services program it is essential to ascertain whether or not professional and allied health personnel have differing attitudes toward continuing

education/training. This emphasizes the necessity, and provides a basis, for more adequate planning in regard to a total continuing education/training program for health services personnel.

Hypotheses

The main hypothesis of the present study is that professional health personnel in selected Indian Health Service Units will demonstrate more positive attitudes toward continuing education/training than allied health personnel. In addition to this hypothesis, an aim of the study is to clarify a number of other propositions. These propositions are as follows:

1. Attitudes toward continuing education/training will become more positive as the age of personnel increases.
2. Attitudes toward continuing education/training will become more positive as the length of service of personnel increases.
3. Attitudes toward continuing education/training will become more positive as the educational level of personnel increases.
4. Indian personnel* will demonstrate more positive attitudes than non-Indian personnel toward continuing education/training.

The author has several years work experience among Indian people and is aware of their increased quest for knowledge and education experi-

*"Indians" for the purpose of this study means those people employed who identify themselves as Indians.

ences. This quest is apparent in spite of surmounting obstacles that face the Indian, a minority group, in today's culture. It is assumed, attitudes of Indian personnel toward continuing education/training will be more positive than non-Indian; as age, length of service and educational level of health personnel increases attitudes toward continuing education/training will become more positive.

The propositions were selected to determine if assumptions generally made concerning attitudes and continuing education/training with regard to age, employment, education, and personnel can be confirmed.

CHAPTER II

METHODS

Procedural steps used in developing this research project consisted of: (1) defining the Indian Health Service program, areas, and service units; (2) determining the selected Indian health service units to participate in the study; (3) determining personnel within the selected service units to participate in the study; (4) developing the survey questionnaire and attitude instrument; (5) completing the health personnel interviews; (6) tabulating and analyzing the data.

Population

There were one hundred twenty-four professional personnel and one hundred sixty-seven allied health personnel employed in three Oklahoma service units, (Lawton, Claremore, Tahlequah). The nurse category of the professional personnel (one hundred twenty-four) of the three service units accounts for fifty-two percent or (sixty-five) of those listed in the professional categories. The nurse type personnel in the allied health category represents the largest number (sixty-one) or thirty-six percent of those listed in this category.

Sample

The Lawton, Claremore, and Tahlequah Service Units were selected

for the study because these service units were among the larger units in Oklahoma, employing fifty-three percent of the total Indian Health personnel in the eight Oklahoma service units (see Appendixes III, IV, and V). The study sample includes one hundred forty-five respondents or fifty percent of the total personnel employed in the Lawton, Claremore, and Tahlequah Service Units. The sample was selected with fifty-four percent of the professional group representing the nurse category and thirty-seven percent of the allied health group representing the nurse type category (see Appendix VI). The remaining number of professional and allied health personnel were selected to represent all categories employed at the service unit. This provides a representative sample of personnel in these service units.

Definitions

It was first necessary to establish an operational definition of professional and allied health personnel for the purpose of this study. Professional health personnel were defined as those individuals with a bachelors degree and/or registered to practice a categorical speciality. This included the following: administrators, physicians, nurses, dietitians, pharmacists, environmental health, dentist, social workers, medical records, x-ray, laboratory and health educators. Other personnel in the study were classified as allied health.

Sampling Procedure

Personnel were selected for the study by random sampling the various categories of professional and allied health groups to insure representativeness of the total service unit population. The sampling

method used placed a number on individual discs corresponding with the numbered categorical service unit personnel roster of professional and allied health employees. The discs were placed in a container and mixed. The discs were individually taken from the container until the number removed represented the number of people at each service unit required for the study within the desired category.

Instrumentation and Measurement

Two general techniques are available for recording respondent's attitudes: questionnaires and interviews.²⁰ Also, several variations exist for each of these techniques. The semi-standardized interview is used as principle data gathering technique.²¹ The rationale for this choice being, after rapport has been established and anonymity guaranteed during the interviews, the respondents are inclined to be more relaxed and less inhibited in discussion of issues and questions. In addition, the nature of the information sought is best served if consistency and flexibility are carried out in the semi-standardized interview.

The instrument for the semi-standardized interview is designed to yield general and specific data from the various respondents regarding continuing education/training. It became apparent that for the purpose of this study some type of identification or understanding was necessary to establish the definition of continuing education/training. This was necessary in order to establish a base line and clear understanding for the interview with the selected health personnel as to the meaning of continuing education/training for the present study. The following definition, typed on a card, was presented to each respondent upon initi-

ation of the interview:

"For the purpose of this questionnaire and study continuing education/training is any specified type of educational activity conducted in or out of the service unit that is directly related to your job."

The first series of twenty-six questions were marked by the investigator during the semi-standardized interview. The second series of twenty questions designed to measure attitudes with an established "Likert Scale" method is completed by the various respondents with a minimum amount of discussion.²²⁻²³ The "Likert Scale" method provides summated ratings of the individuals attitudes toward continuing education/training. In such a scale the respondents are asked to respond to each question in terms of several degrees of agreement or disagreement. The instrument used for this study presented five choices: strongly agree, moderately agree, undecided, moderately disagree and strongly disagree. Whether agree or disagree is the favorable response to an item depended upon the wording and content of the item. The responses to the various items were scored in such a way that a response indicative of the most positive attitude was given the highest score (5) and responses indicative of the most negative attitude was given a score of 1. The important point to remember in scoring is that responses should be scored consistently in terms of the attitudinal direction they indicate. Each individual respondents total score was computed by adding the individual item score received for each of the twenty questions. The total possible minimum score was twenty and the total possible maximum score was one hundred. The questionnaire and instrument used for interviewing and measuring the attitudes of the selected health

personnel are shown in Appendix VII.

Pretesting the Study Design

In an effort to refine the measuring instruments they were pre-tested among both professional and allied health personnel in two service units in Oklahoma not included in the project sample.

The measuring instruments were administered to the following professional health persons at the Clinton and Pawnee Service Units; an X-ray technician, a physician, two nurses, and a pharmacist. They were also administered to the following allied health personnel at the same two service units; a food service worker, a licensed practical nurse, a nursing assistant, a medical records person, a maintenance employee, a clerk-secretary, and one administrator. Thus, five professional and seven allied health personnel participated in the pretesting.

Interviews were conducted with each person and the attitude instrument was completed by each respondent followed by a general discussion of the project including suggestions that had been offered as to content of the interview and attitude items. The primary concerns of pretesting the instruments were the presence of ambiguity, the efficiency of the questions to elicit an attitude on the topic sought, and determination of the proper sequence of the instruments and development of appropriate timing. As a result of the pretesting, several questions were modified in an effort to make the instruments more effective.

Collection of Data

Arrangements were made to visit the service units participating in the study for the required period of time necessary to complete the

interviewing of all personnel participating in the project.

Upon introduction of the author it was purposely not mentioned that he was an employee with the Indian Health Service. However, he was introduced at each service unit as a doctoral student from the University of Oklahoma School of Health conducting research in the field of continuing education/training. The author briefly summarized the goals of the study and mentioned that the respondents had been randomly selected to participate in the study. The respondents were advised that the study concerned continuing education/training and that its purpose was to gain a better understanding of how selected Indian health personnel regarded the subject. It was stated that the study should be of value to the Indian Health Service in the planning and implementation of a more meaningful program of continuing education/training for service units in the Oklahoma City Area.

Most of the interviews and completion of the attitude instrument were conducted in conference rooms provided at each service unit hospital. However, some took place in other areas of the facility. The majority of the interviews and completion of the attitude instrument fell within an average range of thirty minutes.

The selected number of interviews were conducted at the Lawton, Claremore, and Tahlequah Service Unit. Personnel from all service units participating in this study were most cooperative. The data-gathering phase of the study took place over a period of three months.

CHAPTER III

RESULTS

Interviews were completed with a total of one hundred forty-five people at three Indian Health service units in Oklahoma, Lawton, Claremore, and Tahlequah. Sixty-two respondents were from the professional health category and eighty-three from the allied health category.

Interview results indicated twenty-one (twenty-five percent) allied personnel compared with only two (three percent) professional personnel had not received any continuing education/training since employment. This difference in education/training experience was further emphasized when thirty-three (forty-one percent) allied health and forty-six (seventy-five percent) professional health respondents expressed they had received some type education/training within the past year.

It was revealed by thirty-one (fifty percent) professional health respondents that opportunities for continuing education/training should be available on a continual basis, depending upon the person and position involved while this indication was cited by only twenty-two (twenty-seven percent) allied health respondents. Thirty-nine (forty-seven percent) allied health respondents favored making opportunities for continuing education/training available to employees annually compared with nineteen (thirty-one percent) professional respondents favoring such a

designated time interval for learning opportunities.

Sixty-six (eighty percent) allied health respondents felt no on-the-job education/training plan existed at the service unit for their work speciality while only forty-two (sixty-eight percent) professional personnel expressed this to be true for their category.

Forty (forty-eight percent) allied health respondents indicated the service unit did not have a developed plan for continuing education/training while forty-two (fifty-one percent) were uncertain as to whether or not a plan existed; contrasted with fifty (eighty-one percent) professional respondents stating no service unit plan was developed and twelve (nineteen percent) being uncertain as to whether or not a plan for continuing education/training was developed.

Three (four percent) allied health respondents compared with fifteen (twenty-four percent) professional health respondents expressed they had received more opportunities for education/training than other personnel in the service unit. Consequently twenty-two (twenty-six percent) allied and five (eight percent) professional health respondents felt less consideration for training had been received.

Seventy-eight (ninety-four percent) allied health respondents expressed they did not know the Area had a director of training while only forty-one (sixty-six percent) professional respondents indicated they did not know whether or not such a position existed. This is contrasted by five (five percent) allied health respondents being aware of the position as compared with nineteen (thirty-one percent) professional respondents having knowledge of this position.

Sixty-six (eighty percent) allied health respondents indicated

a preference for education/training courses to be presented at the service unit rather than at another site while forty (sixty-five percent) professional respondents expressed such a desire. Three (four percent) allied health compared with twelve (nineteen percent) professional health respondents believed opportunities for continuing education/training to be less with Indian Health Service than with other government agencies, while seventy-eight (ninety-four percent) allied compared with forty-five (seventy-three percent) professional respondents felt opportunities were equal.

Forty-nine (fifty-nine percent) allied and fourteen (twenty percent) professional respondents indicated no knowledge regarding the availability of continuing education/training opportunities. This is contrasted by twenty-five (thirty percent) allied and forty (sixty-four percent) professional health respondents stating opportunities were readily available.

Fifty-six (sixty-seven percent) allied health and nineteen (thirty-one percent) professional health respondents did not reveal knowledge of available education/training opportunities at nearby colleges or universities; compared with twenty-one (twenty-five percent) allied and thirty-seven (fifty-nine percent) professional health respondents being aware of such opportunities.

Sixty-nine (seventy-four percent) allied health respondents preferred unstructured type continuing education/training activities, while fourteen (sixteen percent) favored structured activities; contrasted with twenty (thirty-two percent) professional respondents favoring the structured and forty-two (sixty eight percent) the unstructured

learning process.

Allied Health Personnel

A semi-standardized personal interview was completed with each respondent seeking individual opinions and attitudes regarding continuing education/training. Results of the interviews are summarized in the following discussion. A complete list of responses is shown in Appendix VIII, Table 3. General characteristics regarding the respondents are provided in Table 1.

The average educational level of the eighty-three allied health respondents was twelve years and the range was from three to fifteen years. Sixty (seventy-two percent) had completed high school. Fourteen (seventeen percent) had attended college. However, none had obtained a degree. Forty-three (fifty-four percent) had, also, participated for more than six months in some type of extended training in their work specialty.

Forty-seven (fifty-seven percent) respondents selected Public Health Service employment in view of favorable career opportunities offered. Only thirteen (sixteen percent) allied health respondents were functioning in a supervisory capacity, and a much higher percentage was recorded for the professional health category.

All eighty-three allied health respondents indicated an overall continuing education/training plan should be developed for each service unit and for each employee within the service unit. They were of the opinion such a plan would enable employees to keep current with new knowledge and information developing in their fields of activity.

TABLE 1

GENERAL CHARACTERISTICS OF SAMPLE

Results	Allied 82*	Professional 62	Total 144*
Average Age	42	41	42
Age Range	20-64	24-69	20-69
No. Commissioned	0	16	16
No. Civil Service	83	46	129
Average Years Education	12	17	15
Range	3-15	14-24	3-24
Average Years in Public Health Service	9	8	9
Range	1 mo.-37 yrs.	1 mo.-30 yrs.	1 mo.-37 yrs.
Average Years at Service Unit	7	5	6
Range	1 mo.-34 yrs.	1 mo.-25 yrs.	1 mo.-34 yrs.
Mean Attitude Score	85	84	85

*One person was unable to complete attitude instrument.

Thirty-three (forty-one percent) respondents had received some type continuing education/training activities within the past year, and twenty-nine (thirty-four percent) had not received any continuing education/training for over a year. Twenty-one (twenty-five percent) had never received any continuing education/training during employment with the Public Health Service. Thirty-nine (forty-seven percent) favored opportunities for continuing education/training being made available to employees at least once each year and twenty-one (twenty-four percent) thought such training should be even more frequent, and one (two percent) considered five-year intervals would be adequate. Opportunities available on a continual basis, depending upon the person and position involved, was indicated by twenty-two (twenty-seven percent).

All allied health respondents expressed the opinion that no on-the-job type continuing education/training plan or program had existed within their service unit. Sixty-three (eighty percent) also felt there had been no opportunity for on-the-job continuing education/training at the service unit for their work specialty. Forty (forty-eight percent) stated the service unit had not developed a plan for continuing education/training, and forty-two (fifty-one percent) were uncertain as to whether or not the service unit had a developed plan.

Even though fifty-eight (seventy percent) indicated immediate supervisors had never discussed a plan of continuing education/training, the majority fifty-eight (seventy percent), felt they had received approximately the same opportunities for continuing education/training as had other personnel in the service unit. Nevertheless, twenty two (twenty-six percent) reflected less consideration had been received, probably as a

consequence of the work category in which they were functioning.

Eighty (ninety-seven percent) of the allied health respondents stated, if interested, assistance from immediate supervisors would be sought to learn of available continuing education/training opportunities. However, it was determined that seventy-eight (ninety-four percent) respondents did not know the Area had a director of training. None of those five (six percent) who were aware that the Area had a director of training knew his name even though the position of Area Director of Training had been occupied full-time in the Oklahoma City Area for the past year.

Sixty-six (eighty percent) respondents indicated a preference for courses to be presented at the service unit rather than at another site. A majority of the respondents offered personal or family reasons for this decision.

Seventy-eight (ninety-four percent) felt opportunities for continuing education/training with the Indian Health Service were equivalent with those of other government agencies. Forty-nine (fifty-nine percent) indicated no knowledge regarding continuing education/training opportunities being available to them, while twenty-five (thirty percent) felt such opportunities were readily available. However, being able to take advantage of such training opportunities seemed to rest on whether or not absence from heavy work responsibilities would be allowed.

Sixty-five (seventy-eight percent) felt their supervisor considered continuing education/training important. This would appear to be a result of efforts supervisors put forth to urge individuals to take advantage of available education/training opportunities. Eighty (ninety-

six percent) indicated advantage of available opportunities would be taken if such training would carry promotion in their particular job category or occupation. However, only forty-seven (fifty-seven percent) reflected interest in available opportunities for other fields of work, including health administration and management, public health nursing, laboratory and environmental health. The thirty-six (forty-three percent) not interested in other fields felt a level of success in their chosen work has been achieved and appeared interested in devoting time and effort to it rather than other education/training.

Fifty-six (sixty-seven percent) did not reveal knowledge of available education/training opportunities at nearby college or universities, while twenty-one (twenty-five percent) were aware of such opportunities. Sixty-nine (seventy-four percent) preferred unstructured, small group discussions, informal, individual thought and discussion, continuing education/training activities, while fourteen (sixteen percent) favored structured activities. Eighteen (twenty-two percent) considered effective continuing education/training should be college- or university-affiliated, while sixty-five (seventy-eight percent) did not regard college- or university-association as being necessary for effective continuing education/training.

Forty-six (fifty-five percent) respondents indicated individuals selected for education/training should participate in the costs, and forty (eighty-seven percent) felt some mutually acceptable shared basis between employee and employer should be effected. A total of six (thirteen percent) felt the employee should finance between one-fourth one-half the cost of training received.

Seventy-six (ninety-two percent) of the allied health respondents did not know if the service unit had an established method or procedure of selecting individuals for continuing education/training. The two (two percent) who identified the service unit as having an established method or procedure considered it unsatisfactory and offered two reasons: (1) depends on personal influence and (2) restricts participation based on criteria of age and category of personnel.

All allied health respondents displayed a positive attitude toward continuing education/training with a range of scores from a low of 67 to a high of 99 and a range of 32. For distribution of responses to the attitude instrument refer to Appendix VIII, Table 4.

Fifty-eight (seventy percent) of the allied health respondents had an attitude score that ranged between 81 to 100 with the mean score for the total allied health personnel being 85. Appendix VIII, Table 5 shows distribution of attitude scores.

Thirty-eight (forty-six percent) of the allied health respondents were under 40 years of age and had a mean attitude score of 87. For age distribution and attitude scores refer to Appendix VIII, Table 6.

Thirty-one (thirty-seven percent) respondents showed eleven years or more of employment service with the Public Health Service - Indian Health Service and had a mean attitude score of 83. Appendix VIII, Table 7 shows length of employment and attitude scores.

Sixty (seventy-two percent) of the allied health respondents indicated between 11 and 14 years of education with a mean attitude score of 86. Refer to Appendix VIII, Table 8 for education level and attitude scores.

Seventy-five (ninety-one percent) of the allied health respondents were Indians. The mean attitude score for this group was 85. Refer to Appendix VIII, Table 9 for ethnic grouping and attitude scores. Table 2 shows the mean attitude scores of categories that participated in the study.

Professional Health Personnel

Results of the interviews with the professional health personnel are summarized in the following discussion. Refer to Appendix VIII, Table 3 for a distribution of responses.

The average educational level of the sixty-two professional health respondents was 17 years, and the range was from 14 to 24 years. Sixty-two (one hundred percent) had completed high school. Twenty-eight (forty-five percent) of the respondents had a bachelor's degree, nine (fifteen percent) a master's degree, and nine (fifteen percent) a doctor's degree.

Twenty-seven (forty-five percent) of the respondents selected Public Health Service employment inasmuch as that Service appeared to offer favorable career opportunities. Twelve of the sixteen (twenty-six percent) commissioned officers had selected the Public Health Service to fulfill military obligations. A majority forty (sixty-five percent) were functioning in a supervisory capacity.

All sixty-two professional health respondents indicated that an overall continuing education/training plan should be developed for each service unit and for each employee within the service unit, and considered such a plan feasible for enabling employees to keep current

TABLE 2

MEAN ATTITUDE SCORES OF SAMPLE

CATEGORY	Mean
Total - (144)*	84
Allied Health - (82)*	85
Professional Health - (62)	84
Indians - (89)*	84
Non-Indians - (55)	84

*One person was unable to complete attitude instrument.

with new knowledge and information developing in their professions.

Forty-six (seventy-five percent) respondents had received some type of continuing education/training within the past year, and for fourteen (twenty-three percent) more than a year had elapsed since any continuing education/training. Two (three percent) had never received any education/training during employment with the Public Health Service. Nineteen (thirty-one percent) felt opportunities for continuing education/training should be made available to employees at least once a year, while twelve (nineteen percent) preferred more frequent opportunities. Thirty-one (fifty percent) favored available opportunities on a continual basis, depending upon the person and position involved.

Sixty-one (ninety-eight percent) professional health respondents reflected that no on-the-job type continuing education/training plan or program had existed within their service unit. Forty-two (sixty-eight percent) stated there were no opportunities for on-the-job education/training at the service unit for their work specialty. Fifty (eighty-one percent) stated that the service unit did not have a developed plan for continuing education/training, while twelve (nineteen percent) were unaware whether or not the service unit had a developed plan.

Even though forty-eight (seventy-seven percent) indicated immediate supervisors had never discussed a plan of continuing education/training, the majority forty-two (sixty-eight percent) felt approximately the same opportunities had been received for continuing education/training as had other personnel in the service unit. However, five (eight percent) indicated reasons for having received less consid-

eration: (1) not an Indian, they seem to receive more training opportunities, (2) others have received some training and we have not. Fifteen (twenty-four percent) felt more consideration had been received because: (1) professional background and knowledge of training opportunities, (2) single and can attend training any time and place, (3) pays own way, (4) supervisor and better able to attend training.

Fifty-eight (ninety-four percent) professional respondents stated, if interested, assistance from immediate supervisors would be sought regarding continuing education/training opportunities. However, it was determined that forty-one (sixty-six percent) respondents did not know the Area had a director of training. Only twelve of the nineteen (thirty-one percent) who were aware that the Area had a director of training knew his name although such an individual had been employed on a full-time basis in the Oklahoma City Area for the past year.

Forty (sixty-five percent) respondents preferred that courses be presented at the service unit rather than at another site. A majority of the respondents gave personal or family reasons for this decision.

Forty-five (seventy-three percent) felt opportunities for continuing education/training with the Indian Health Service were equivalent with those of other government agencies. Fourteen (twenty-three percent) indicated no knowledge as to whether or not education/training opportunities were available, and forty (sixty-four percent) acknowledged such opportunities were readily available. However, attendance was viewed as a matter of finding time to be absent from heavy work schedules and responsibilities.

Fifty-one (eighty-two percent) felt their supervisors identified

continuing education/training as important. This appeared to be a result of the efforts supervisors put forth to urge individuals to take advantage of available education/training opportunities. Fifty-eight (ninety-four percent) indicated advantage would be made of available education/training opportunities if such training would provide advancement for their particular job category or profession. However, only thirty-five (fifty-six percent) reflected interest in taking advantage of opportunities to learn about other fields of work, including social service, public health nursing, health administration and management, hospital management, mental health, and environmental health. The twenty-seven (forty-four percent) not interested in other fields were of the opinion a level of success in their chosen profession had been achieved, and their interest lay in devoting time and effort to it.

Nineteen (thirty-one percent) did not reveal knowledge of available education/training opportunities at nearby colleges or universities, while thirty-seven (fifty-nine percent) affirmed knowledge of such existing opportunities. Forty-two (sixty-eight percent) stated a preference for unstructured, small group discussion, informal, individual thought and discussion, continuing education/training activities, while twenty (thirty-two percent) favored structured activities. Eight (thirteen percent) felt effective education/training should be college- or university-affiliated, while fifty-four (eighty-seven percent) felt such activities could be effectively conducted without college or university association.

Thirty-six (fifty-eight percent) respondents were of the opinion that individuals selected for education/training should participate in

costs of the education/training and thirty-four (ninety-four percent) felt the cost should be on some mutually acceptable shared basis between employee and employer. However, two (six percent) thought the employee should finance between one-fourth and the total cost of training received.

Forty-seven (seventy-five percent) of the professional health respondents did not know if the service unit had an established method or procedure of selecting individuals for continuing education/training. Two of the three (five percent) who identified the service unit as having an established method or procedure considered it unsatisfactory because: (1) insufficient involvement of total staff and management; (2) the method and procedure should be better organized with more thought given to career development of personnel.

All professional health respondents displayed a positive attitude toward continuing education/training with a range of scores from a low of 68 to a high of 96 and a range of 28. For distribution of responses to the attitude instrument refer to Appendix VIII, Table 4.

Forty-five (seventy-two percent) of the professional health respondents had an attitude score that ranged between 81 to 100 with the mean for the total professional health personnel being 84. Appendix VIII, Table 5 shows distribution of attitude scores.

Thirty (forty-nine percent) of the professional health respondents were under 40 years of age and had a mean attitude score of 86. For age distribution and attitude scores refer to Appendix VIII, Table 6.

Fourteen (twenty-two percent) respondents showed eleven years or more of employment service with the Public Health Service - Indian

Health Service and had a mean attitude score of 81. Appendix VIII, Table 7 shows length of employment and attitude scores.

Forty-seven (seventy-five percent) of the professional health respondents indicated between 15 to 18 years of education with a mean attitude score of 84. Refer to Appendix VIII, Table 8 for education level and attitude scores.

Fourteen (twenty-three percent) of the professional health respondents were Indians. The mean attitude score for this group was 84. Refer to Appendix VIII, Table 9 for ethnic grouping and attitude scores.

Lawton Service Unit Personnel

A total of fifty-eight people were interviewed at the Lawton Service Unit; thirty-five allied health personnel and twenty-three professionals. Results of the interviews are summarized in the following discussion. Refer to Appendix VIII, Table 10 for a distribution of responses.

The average length of Public Health Service employment for the Lawton respondents was 9 years with an average length at the service unit of 7 years.

The average age of the respondents was 42 years with a mean attitude score of 84. There were twenty-one (thirty-six percent) non-Indians and thirty-seven (sixty-four percent) Indians with fifty-one (ninety percent) being civil service employees and seven (ten percent) commissioned officers. The average educational level of the respondents was 14 years. Fifty-one (ninety percent) had completed high school while

eight (fourteen percent) had a bachelors degree.

Twenty-seven (forty-seven percent) respondents selected Public Health Service employment for the favorable career opportunities offered. Thirty-two (fifty-five percent) respondents (fifty-eight) were functioning in a supervisory capacity.

Thirty-one (fifty-three percent) respondents had received some type education/training activities within the past year, while more than a year had elapsed since twenty-one (thirty-seven percent) had received continuing/education training. Six (ten percent) had never received any type continuing education/training during employment which ranged from two to six years with the Indian Health Service. Twenty-eight (forty-eight percent) favored opportunities for continuing education/training being made available to employees at least once each year; fifteen (twenty-six percent) preferred more frequent opportunities; and one (two percent) considered opportunities available each five years as being adequate; and fourteen (twenty-four percent) desired available continuing education/training opportunities on a continual basis, depending upon the person and job requirements.

All fifty-eight (one hundred percent) felt that no on-the-job continuing education/training plan or program had existed for their service unit. Forty-six (eighty percent) were of the opinion that no opportunities for on-the-job education/training at the service unit had been arranged for their work specialty. Twenty-eight (forty-eight percent) stated the service unit did not have a developed plan for continuing education/training, while thirty (fifty-two percent) were unable to say whether or not the service unit had a developed plan.

Even though forty-two (seventy-two percent) indicated immediate supervisors had never discussed a plan of continuing education/training, the majority forty-five (seventy-eight percent) felt they had received approximately the same opportunities for education/training as had other personnel in the service unit. However, nine (sixteen percent) reflected less consideration had been received because: (1) age and ready to retire, (2) functioning in a low priority program category at the service unit, (3) new employee with the Public Health Service. Four (six percent) indicated more consideration had been received due to: (1) a professional person and knowing more about available training opportunities and the system, (2) a supervisor and in a position to be more aware of training opportunities, as well as being in a position where job responsibilities are amenable to attendance, (3) attend training on own time and money, (4) in a flexible category of program operation and necessary scheduling can be arranged to take advantage of training opportunities.

It was determined that forty-nine (eighty-five percent) of the respondents did not know the Area had a director of training. Only two of the nine (sixteen percent) who were aware the Area had a director of training knew his name even though that position had been in operation on a full-time basis in the Oklahoma City Area for the past year.

Forty (sixty-nine percent) respondents preferred that courses be presented at the service unit rather than another site. A majority of the respondents gave personal or family reasons for this decision.

Forty (sixty-nine percent) felt opportunities for continuing education/training with the Indian Health Service were equivalent with

those of other government agencies. Nineteen (thirty-three percent) indicated no knowledge regarding continuing education/training opportunities available to them, while twenty-eight (forty-eight percent) felt such opportunities were readily available.

Forty-six (eighty percent) stated supervisors identified continuing education/training as being important. This would appear to be a result of efforts supervisors extended to interest individuals to take advantage of available continuing education/training opportunities. Fifty-four (ninety-three percent) indicated advantage would be taken of education/training opportunities, if available, for advancement in job category or profession. However, only thirty-five (sixty percent) would take advantage of opportunities offered in other fields which would include health administration and management, nursing, laboratory, and x-ray.

Twenty-eight (forty-eight percent) revealed no knowledge of available education/training opportunities at nearby colleges or universities, while twenty-five (forty-three percent) were aware of such opportunities. Forty-three (seventy-four percent) preferred unstructured, small group discussion, informal, individual thought and discussion, education/training activities, while fifteen (twenty-six percent) preferred structured activities. Eighteen (thirty-one percent) considered effective continuing education/training must be college- or university-affiliated, while forty (sixty-nine percent) considered college or university association unnecessary for effective training.

Twenty-eight (forty-eight percent) of the respondents felt individuals selected for education/training should participate in costs

of the education/training and twenty-three (eighty-two percent) of the twenty-eight were of the opinion that some mutually acceptable shared basis for the costs should be arranged between employee and employer. However, five (eighteen percent) felt the employee should finance between one-fourth and one-half of the costs for training received.

Fifty-one (eighty-eight percent) respondents did not know if the service unit had an established method or procedure of selecting individuals for continuing education/training. Two (three percent) who identified the service unit as having an established procedure deemed it unsatisfactory due to: (1) restricts participation based on criteria of age and work category; (2) insufficient involvement of total staff and management.

Lawton personnel participating in the study displayed a positive attitude toward continuing education/training with a range of scores from a low of 69 to a high of 99 and a range of 30. For distribution of responses to the attitude instrument refer to Appendix VIII, Table 11.

Forty-one (seventy-one percent) of the respondents had an attitude score that ranged between 81 to 100 with a mean attitude score of 84. Appendix VIII, Table 12 shows distribution of attitude scores by service unit and category.

Twenty-nine (fifty percent) of the Lawton respondents were under 40 years of age and had a mean attitude score of 83. For age distribution and attitude scores by service unit and category refer to Appendix VIII, Table 13.

Seventeen (twenty-nine percent) respondents showed eleven years or more of employment service with the Public Health Service - Indian

Health Service and had a mean attitude score of 86. Appendix VIII, Table 14 shows length of employment and attitude scores by service unit and category.

Forty-two (seventy-two percent) of the respondents indicated between 11 and 16 years of education with a mean attitude score of 84. Refer to Appendix VIII, Table 15 for education level and attitude scores by service unit and category.

Thirty-seven (sixty-four percent) of the respondents at the Lawton Service Unit were Indians. They had a mean attitude score of 84. Refer to Appendix VIII, Table 16 for ethnic grouping and attitude scores by service unit and category.

Claremore Service Unit Personnel

A total of forty-four people were interviewed at the Claremore Service Unit; twenty-six allied health personnel and eighteen professionals. Results of the interviews are summarized in the following discussion. Refer to Appendix VIII, Table 17 for a distribution of responses.

The average length of Public Health Service employment for Claremore respondents was 8 years with an average length at the service unit of 6 years.

The average age of respondents was 41 years with a mean attitude score of 85. There were sixteen (thirty-six percent) non-Indians and twenty-eight (sixty-four percent) Indians with thirty-nine (eighty-nine percent) being civil service employees and five (eleven percent) commissioned officers. The average educational level of the respondents

was 15 years. Thirty-seven (eighty-four percent) had completed high school while ten (twenty-three percent) had a bachelors degree.

Twenty-four (fifty-five percent) respondents at Claremore selected Public Health Service employment since favorable career opportunities were offered. Nineteen (forty-three percent) respondents (forty-four) were functioning in a supervisory capacity.

Twenty-nine (sixty-six percent) respondents had received some type of education/training activities within the past year, and more than a year had elapsed for six (fourteen percent) who had received some continuing education/training. Nine (twenty percent) had never received any type continuing education/training during employment which ranged from one month to 17 years with the Indian Health Service. Twelve (twenty-seven percent) felt opportunities for continuing education/training should be made available to employees at least once each year; and eleven (twenty-five percent) desired more frequent opportunities; and twenty-one (forty-eight percent) preferred available continuing education/training opportunities on a continual basis, depending upon the person and the job requirements.

Forty-three (ninety-eight percent) felt that no on-the-job continuing education/training plan or program had existed for their service unit. Twenty-five (fifty-seven percent) reflected the service unit had offered no opportunities for on-the-job education/training for their work specialty. Nineteen (forty-three percent) stated the service unit did not have a developed plan for continuing education/training while twenty-four (fifty-five percent) were uncertain as to whether or not the service unit had a developed plan.

Even though thirty-one (seventy percent) indicated immediate supervisors have never discussed a plan of continuing education/training, the majority twenty-six (fifty-nine percent) felt opportunities received for education/training were comparable to what other personnel in the service unit had received. However, eleven (twenty-five percent) reflected less consideration received because: (1) not an Indian, they seem to be given more training opportunities, (2) others have received some training and we have not, (3) low priority program category, (4) age and ready to retire. Seven (sixteen percent) indicated more consideration due to: (1) individual initiative to obtain training, (2) a supervisor and in a position to be more aware of training opportunities and job responsibilities more amenable to attendance, (3) we have received some training while others have not.

It was determined that thirty-four (seventy-seven percent) respondents were unaware that the Area had a director of training. Only six of the nine (twenty percent) who were knowledgeable of the position knew the director's name even though the Area Director of Training had been functioning on a full-time basis in the Oklahoma City Area for the past year.

Thirty (sixty-eight percent) respondents indicated a preference that courses be presented at the service unit rather than at another site. Personal or family reasons were offered for this decision by a majority.

Thirty-nine (eighty-nine percent) felt opportunities for continuing education/training with the Indian Health Service were equal to those of other government agencies. Twenty-one (forty-eight percent) indicated

no knowledge of available education/training opportunities. Twenty (forty five percent) were aware of readily available opportunities.

Thirty-four (seventy-seven percent) reflected supervisors identified continuing education/training as important. Apparently this was a result of supervisory efforts to interest employees to take advantage of available continuing education/training opportunities. All forty-four (one hundred percent) respondents indicated education/training opportunities would be accepted if such implied advancement for their particular job category or profession. However, only twenty-six (fifty-nine percent) expressed interest in available opportunities in other fields, including health administration and management, human ecology, and hospital management.

Twenty-seven (sixty-one percent) did not reveal knowledge of available education/training opportunities at nearby colleges or universities, while fourteen (thirty-two percent) were aware of such opportunities.

Thirty-four (seventy-seven percent) stated a preference for unstructured, small group discussions, informal, individual thought and discussion, education/training activities, while ten (twenty-three percent) preferred structured activities. Five (eleven percent) considered college- or university-affiliation necessary for effective continuing education/training; while thirty-nine (eighty-five percent) thought effective training could be achieved without college or university association.

Twenty-seven (sixty-one percent) respondents felt individuals selected for education/training should participate in the costs of the

education/training, and all twenty-seven (one hundred percent) felt that the costs should be arranged on a mutually acceptable shared basis between employee and employer.

Thirty-seven (eighty-four percent) respondents did not know if the service unit had an established method or procedure to select individuals for continuing education/training. One of the two who identified the service unit as having an established procedure considered it unsatisfactory inasmuch as it depended upon personal influence.

Claremore personnel participating in the study displayed a positive attitude toward continuing education/training with a range of scores from a low of 68 to a high of 96 and a range of 28. For distribution of responses to the attitude instrument refer to Appendix VIII, Table 18.

Thirty-two (seventy-three percent) respondents had an attitude score that ranged between 81 to 100 with a mean attitude score of 88. Appendix VIII, Table 12 shows distribution of attitude scores by service unit and category.

Twenty (forty-five percent) of the Claremore respondents were under 40 years of age and had a mean attitude score of 86. For age distribution and attitude scores by service unit and category refer to Appendix VIII, Table 13.

Fourteen (thirty-two percent) respondents showed over 11 years or more of employment service with the Public Health Service - Indian Health Service and had a mean attitude score of 84. Appendix VIII, Table 14 shows length of employment and attitude scores by service unit and category.

Twenty-seven (sixty-one percent) respondents indicated between 11 and 16 years of education with a mean attitude score of 84. Refer to Appendix VIII, Table 15 for education level and attitude scores by service unit and category.

Twenty-eight (sixty-four percent) respondents at the Claremore Service Unit were Indians. They had a mean attitude score of 85. Refer to Appendix VIII, Table 16 for ethnic grouping and attitude scores by service unit and category.

Tahlequah Service Unit Personnel

A total of forty-three people were interviewed at the Tahlequah Service Unit; twenty-two allied health personnel and twenty-one professionals. Results of the interviews are summarized in the following discussion. Refer to Appendix VIII, Table 19 for a distribution of responses.

The average length of Public Health Service employment for the Tahlequah respondents was 8 years; with an average length at the service unit of 6 years.

The average age of the respondents was 42 with a mean attitude score of 84. There were eighteen (forty-two percent) non-Indian and twenty-five (fifty-eight percent) Indian with fifty-nine (ninety-one percent) being civil service employees and four (nine percent) commissioned officers. The average educational level of the respondents was 14 years. Thirty-four (seventy-nine percent) had completed high school while ten (twenty-three percent) had a bachelor's degree.

Twenty-three (fifty-three percent) respondents selected Public

Health Service employment for favorable career opportunities offered. Twelve (twenty-eight percent) respondents were functioning in a supervisory capacity.

Nineteen (forty-four percent) respondents had received some type of education/training activities within the past year and sixteen (thirty-seven percent) had not received any continuing education/training for more than a year. Eight (nineteen percent) had never received any type continuing education/training during employment which ranged from 2 to 24 years with the Indian Health Service. Eighteen (forty-two percent) felt education/training opportunities should be made available to employees at least once a year; seven (sixteen percent) preferred more frequent opportunities; eighteen (forty-two percent) wanted available opportunities on a continual basis, depending upon the person and job requirements.

All forty-three (one hundred percent) respondents felt that no on-the-job continuing education/training plan or program had existed for their service unit. Thirty-seven (eighty-six percent) also felt no on-the-job education/training opportunities for their work specialty existed at the service unit. All forty-three (one hundred percent) stated the service unit did not have a developed plan for continuing education/training.

Even though thirty-three (seventy-seven percent) indicated immediate supervisors had never discussed a plan of continuing education/training, the majority twenty-nine (sixty-seven percent) felt they had received comparable opportunities for education/training as had other personnel in the service unit. However, seven (sixteen percent) expressed

the thought less consideration had been received because: (1) working in a low priority program category at the service unit, (2) age and ready to retire, (3) new employee, (4) others have received some training and we have not. Seven (sixteen percent) felt they had received more consideration due to: (1) we have received some training while others have not, (2) single and can get away to attend training, (3) professional background and knowledge of training, (4) finances own cost of training activities.

It was determined that thirty-six (eighty-four percent) respondents were unaware that the Area had a director of training, and four of the six (fourteen percent) who were aware did not know his name although that position had been in full-time operation in the Oklahoma City Area for the past year.

Thirty-six (eighty-three percent) respondents stated courses should be presented at the service unit rather than at another site. A majority of the respondents offered personal or family reasons for this decision.

Thirty-four (seventy-nine percent) felt opportunities for continuing education/training with the Indian Health Service equaled those of other government agencies. Twenty-three (fifty-three percent) indicated no knowledge of available continuing education/training opportunities and eighteen (forty-three percent) reflected readily available opportunities existed.

Thirty-six identified supervisors as regarding continuing education/training important. This would appear to be a result of efforts supervisors put forth in urging employees to take advantage of available

continuing education/training opportunities. Thirty-nine (ninety-one percent) indicated advantage would be taken of education/training opportunities as a means of advancement in job category or profession. However, only twenty-one (forty-nine percent) expressed interest in taking advantage of learning opportunities for other fields, including health administration and management, nursing, social service and service unit director.

Twenty (forty-seven percent) were unaware of available continuing education/training opportunities at nearby colleges or universities while nineteen (forty-four percent) knew of such opportunities. Thirty-four (seventy-nine percent) stated a preference for unstructured, small group discussions, informal, individual thought and discussion, education/training activities, while nine (twenty-one percent) preferred structured activities. Three (seven percent) felt effective continuing education/training should be college- or university-affiliated, while forty (ninety-three percent) regarded college or university association unnecessary to attain effective training.

Twenty-seven (sixty-three percent) respondents felt individuals selected for education/training should participate in costs of the education/training, and twenty-four (eighty-nine percent) of the twenty-seven preferred a mutually acceptable shared basis being arranged between employee and employer. However, three (eleven percent) felt the employee should finance between one-fourth and all the cost of education/training received.

Thirty-five (eighty-one percent) respondents did not know if the service unit had an established method or procedure to select indivi-

duals for continuing education/training. The one person who identified the service unit as having an established procedure felt it unsatisfactory inasmuch as the procedure was poorly organized and little or no thought was given to career development of personnel.

Tahlequah personnel participating in the study displayed a positive attitude toward continuing education/training with a range of scores from a low of 67 to a high of 97 and a range of 30. For distribution of responses to the attitude instrument refer to Appendix VIII, Table 20.

Thirty (seventy-one percent) of the respondents had an attitude score that ranged between 81 to 100 with a mean attitude score of 88. Appendix VIII, Table 12 shows distribution of attitude scores by service unit and category.

Nineteen (forty-five percent) Tahlequah respondents were under 40 years of age and had a mean attitude score of 88. For age distribution and attitude scores by service unit and category refer to Appendix VIII, Table 13.

Thirteen (thirty-one percent) respondents showed over 11 years or more employment service with the Public Health Service - Indian Health Service and had a mean attitude score of 80. Appendix VIII, Table 14 shows length of employment and attitude scores by service unit and category.

Twenty-seven (sixty-seven percent) respondents indicated between 11 and 16 years of education with a mean attitude score of 82. Refer to Appendix VIII, Table 15 for education level and attitude scores by service unit and category.

Twenty-four (fifty-seven percent) respondents at the Tahlequah Service Unit were Indian and the mean attitude score was 87. Refer to Appendix VIII, Table 16 for ethnic grouping and attitude scores by service unit and category.

CHAPTER IV

DISCUSSION

Interview results indicated a knowledge difference between professional and allied health respondents concerning total continuing education/training. Professional respondents revealed greater total knowledge which is indicative of two major elements, increased educational experiences and location within the organizational hierarchy. The average education for professional respondents was seventeen years with a range of fourteen to twenty-four years, while the average education for allied respondents was twelve years with a range of three to fifteen years. Only thirteen (sixteen percent) allied health respondents were functioning in a supervisory capacity, while forty (sixty-five percent) professional health respondents indicated they were functioning as supervisors.

A positive attitude toward continuing education/training was presented by all respondents interviewed. Between allied and professional personnel there appeared to be no difference in attitude toward continuing education/training. No attitude score was below 61, and attitude scores for the majority, one hundred three (seventy-one percent), ranged between 81 to 100.

The mean attitude score for allied health respondents (eighty-

two) was 85, while professional health respondents (sixty-two) revealed a mean attitude score of 84. Service units showed similar results regarding mean attitude scores. Lawton allied health respondents (thirty-five) had a mean attitude score of 85, while the twenty-three professional health respondents had a mean attitude score of 83. At the Claremore Service Unit, allied health respondents (twenty-six) had a mean attitude score of 85, as did the (eighteen) professional health respondents. At Tahlequah, the mean attitude score for (twenty-one) allied health respondents was 83, and 84 for (twenty-one) professional health respondents.

Respondent's age distribution ranged from under 25 years to over 55 years with mean attitude score ranging from 82 to 88. Length of employment service distribution ranged from less than one year to over 20 years with mean attitude score ranging from 81 to 87. Education level distribution showed less than 8 years to over 20 years with mean attitude score ranging from 78 to 86. Ethnic grouping displayed a mean attitude score of 86 for the Indian and 83 for the non-Indian.

The lowest attitude score was 67 and the highest was 99 with a range of 32. Attitudes did not appear altered, increased nor decreased, regarding service unit location, age of personnel, length of employment service, educational level, nor ethnic grouping, Indian and non-Indian. Neither sequence nor correlation was indicated between these items and attitudes.

Among health personnel a generalized theory exists that professional health personnel have and will present a more positive dynamic attitude toward continuing education/training than allied health personnel. However, such was not apparent in respondents participating in

this study. Both allied and professional health personnel presented practically the same mean attitude score, and it would appear the theory, as generally expressed, may well be over stated. This study showed attitudes of allied and professional health personnel toward continuing education/training to be similar and definitely positive, and such being the attitude of allied and professional health personnel in the total health field, is suggested. Should any real difference exist, the possibility of undetermined motivation factors of each particular group or individual arises.

Such positive results toward continuing education/training and the unconfirmed hypothesis and propositions obtained could possibly stem from the fact that the broad term continuing education/training was combined into a single definition. This possibility could be valid even though a card stating the meaning of continuing education/training, for purposes of the study, was presented to each individual interviewed, and kept before them during the interview and completion of the attitude instrument. It is possible that professional respondents may have considered the definition as concerning education only, and allied health respondents may have viewed the meaning as a singular term applying only to training. Such a viewpoint could alter the results, depending upon motivation factors of individual professional and allied health respondents.

The design of the questions and attitude instrument used in this study could account for the positive results presented. The manner of construction could have been such as to compel only positive reactions. However, this is not believed to be the case. The personal interview

provided much insight into the individual as to thoughts, motivation, and attitude toward continuing education/training. The personal interview and attitude instrument complemented each other throughout the study and obtained similar results by different methods.

Respondents presented a positive attitude toward continuing education/training, and simultaneously revealed the need for a better planned, more informed, continuing education/training program at both the service unit and the total Indian Health Service.

Clear-cut evidence evolving from the study: seventy-nine (fifty-four percent) respondents representing thirty-three (forty-one percent) allied and forty-six (seventy-five percent) professional personnel received some type of continuing education/training within the past year. The majority of respondents receiving continuing education/training considered such an opportunity to be indeed beneficial. Fifty-eight (forty percent) which included thirty-nine (forty-seven percent) allied and nineteen (thirty-one percent) professional respondents favored opportunities for continuing education/training being made available to employees at least once each year. Fifty-three (thirty-seven percent) representing twenty-two (twenty-seven percent) allied and thirty-one (fifty percent) professional respondents preferred education/training opportunities on a continual basis, depending on the person and position involved. Twenty-three (sixteen percent) which included twenty-one (twenty-five percent) allied and two (three percent) professional respondents had never received any type continuing education/training during employment which ranged from 1 month to 24 years.

All one hundred forty-five (one hundred percent) respondents indicated a need exists for development of an overall continuing education/training plan for each service unit and for each employee within the service unit. One hundred forty-four (ninety-nine percent) respondents reflected that no on-the-job continuing education/training plan or program had existed within their service unit. One hundred eight (seventy-four percent) respondents, sixty-six (eighty percent) allied and forty-two (sixty-eight percent) professional, stated the service unit did not have a developed plan for continuing education/training for their specialty or professions.

No knowledge of personnel at the service unit concerning any organized service unit plan for continuing education/training was revealed. One hundred forty-four (ninety-nine percent) respondents stated the service unit did not have an organized plan or were unaware whether or not such a plan existed.

One hundred thirty-eight (ninety-five percent) respondents (including eighty (ninety-seven percent) allied and fifty-eight (ninety-four percent) professional) stated, if interested, immediate supervisors would be approached for assistance regarding continuing education/training opportunities. A majority of fifty-eight (seventy percent) allied and forty-eight (seventy-seven percent) professional respondents indicated immediate supervisors had never discussed a plan of continuing education/training. A majority, sixty-five (seventy-eight percent) allied and fifty-one (eighty-two percent) professional respondents, believed their supervisors considered continuing education/training as important. A majority of the respondents, fifty-eight

(seventy percent) allied and forty-two (sixty-eight percent) professional believed approximately the same consideration for education/training had been given them as other personnel in the service unit. One hundred and twenty-three (eighty-five percent) respondents representing seventy-eight (ninety-four percent) allied and forty-five (seventy-three percent) professional regarded continuing education/training opportunities with the Indian Health Service equal to those of other government agencies.

Personnel are interested in continuing education/training being conducted at the service unit. This was evidenced by one hundred thirty-eight (ninety-five percent) respondents almost equally divided between the allied and professional category indicating advantage would be taken of available education/training opportunities for advancement in their skill or profession. One hundred six (seventy-three percent) which included sixty-six (eighty percent) allied and forty (sixty-five percent) professional respondents preferred courses to be presented at the service unit rather than at another site. Personal or family reasons were offered for this decision. One hundred eleven (seventy-six percent) respondents, sixty-nine (seventy-four percent) allied and forty-two (sixty-eight percent) professional, stated a preference for unstructured, small group discussions, informal, individual thought and discussion, continuing education/training activities. Most respondents, one hundred nineteen (eighty-two percent), almost equally divided between allied and professional, were of the opinion effective continuing education/training could be conducted without college or university association. Nearly half the respondents, twenty-five (thirty-percent) allied and forty (sixty-four percent) professional, indicated continuing educa-

tion/training was readily accessible, while twenty-one (twenty-five percent) allied and thirty-seven (fifty-nine percent) professional also expressed knowledge of available education/training opportunities at nearby colleges or universities.

Eighty-two (fifty-seven percent) respondents nearly equally divided between the allied and professional category indicated individuals selected for education/training should participate in the costs; forty (eighty-seven percent) allied and thirty-four (ninety-four percent) professional respondents implied a mutually acceptable shared basis between employee and employer should be effected.

Results of this study indicate positive attitudes of selected Indian Health Service personnel toward continuing education/training. Data indicated continuing education/training difficulties in the Indian Health Service due to the "system." This was emphasized by the fact that one hundred twenty-one (eighty-three percent) respondents, seventy-eight (ninety-four percent) allied and forty-three (sixty-nine percent) professional, were unaware a director of training for the Area had been on full-time duty in the Oklahoma City Area for a year. This is indicative of an apparent lack of knowledge by service unit personnel concerning the total continuing education/training program and its operation within the Oklahoma City Area. One hundred and thirty (ninety-one percent) respondents usually divided between the allied and professional category were unable to state whether or not the service unit had an established method or procedure to select individuals for continuing education/training.

The position Area Director of Training was established in the

Oklahoma City Area in January, 1967. However, it was occupied by an acting director with other full time responsibilities. The position was filled on a full time basis in July, 1968. Nevertheless, much of the Directors time has been spent in orientation and training for the position in addition to performance of other higher priority assigned duties. In the face of such almost total unawareness on the part of employees within the service unit, it is only logical to assume the position of Area Director of Training would be handicapped in effecting a beneficial program of training. The need for widespread dissemination of information, especially among allied health personnel, throughout the Oklahoma City Area regarding this position, its responsibilities, and available offerings is quite apparent. The opportune and potential benefit of continuing education/training to employees could be accomplished by naming a person of authority and charging that individual with the responsibility for a total service unit continuing education/training program. This individual could, also, function in liaison to the Area Director of Training. The service units' plan and program for continuing education/training should include methods and procedures necessary to select personnel for training opportunities. In summary, it would appear imperative that all personnel and levels of employees should be made aware of the total continuing education/training system or plan and its operation at the service unit.

A "class distinction" attitude existing between different categories of personnel within the allied and professional groups was surmised during the interviews. Consequently, the importance of a total team approach to the delivery of a comprehensive health care program

was discussed frequently. Unfortunately, indications were that such was rarely practiced.

It is suggested that a study of Indian Health personnel functioning in the delivery of a total comprehensive health services program, as well as a study of selected health personnel in state and local health agencies, could result in optimum benefit to all concerned by reviewing, correcting, or applying implications gleaned from this study.

CHAPTER V

CONCLUSIONS

One hundred forty-five selected Indian Health respondents in the study had a positive attitude toward continuing education/training. Attitudes of personnel (allied or professional) were unaffected by service unit location, age, length of employment, education or ethnic group.

Data obtained indicated a hypothesis that professional health personnel in selected Indian Health Service Units will demonstrate more positive attitudes than allied health personnel toward continuing education/training, and four propositions were unconfirmed: (1) attitudes toward continuing education/training will become more positive as age of personnel increases, (2) attitudes toward continuing education/training will become more positive as length of service of personnel increases, (3) attitudes toward continuing education/training will become more positive as educational level of personnel rises, and (4) Indian personnel will demonstrate more positive attitudes than non-Indian personnel toward continuing education/training.

In addition to the hypothesis and propositions, the following conclusion was reached regarding Indian health personnel and continuing education/training. Professional personnel indicated more total knowledge concerning continuing education/training than did allied personnel.

Nevertheless, all personnel participating in the study were amenable to some type of continuing education/training plan or program being developed for the total service unit and for each employee within the service unit, as well as a plan or program being developed at each service unit by categorical work groups or profession regarding on-the-job continuing education/training.

A definite need was surmised for better understanding between supervisors and employees regarding all aspects of continuing education/training. Allied and professional personnel at the service unit would benefit by a total health team approach toward delivery of a comprehensive health care program, and thereby a more efficient delivery would be effected.

Service Unit personnel were unacquainted and unfamiliar with the Area Director of Training, and personnel should be informed of this position and its responsibilities to reap the ultimate benefit of available education/training. Thereby, the need arises for the Service Unit to name an individual of authority and charge him with the responsibility to develop and implement an on-the-job continuing education/training program. The charge should extend to all aspects of the training, and the individual could, also, function in liaison to the Area Director of Training.

Continuing education/training programs should be specific goal oriented, that is not conduct training just for the sake of training. Service Units should correlate and direct all education/training activities toward a program of personnel career development. This program should be developed and implemented not only for service units, but for

the total Indian Health Service program operation. In the service units of the Oklahoma City Area a need exists for better planning, management, and implementation of continuing education/training.

Even though this research presented unconfirmed hypothesis and propositions, it is important to health administration, especially in the need for planning and management of a continuing education/training program for total health personnel delivering a comprehensive health services program.

This study suggests additional research of continuing education/training programs would be beneficial for comprehensive health program administrators and managers as new and improved methods are sought to spread services of available health personnel.

Many opportunities for education/training of personnel are provided by most agencies with some involving their own personnel and facilities while others project opportunities through outside, unaffiliated sources. Some agencies attempt employee education/training with agency resources only, while others conduct a portion of the training and also allow personnel to attend various specialized activities at some location under skilled instructors. Many agencies rely upon continuing education/training centers located at colleges or universities. In essence, numerous types, locations, and methods of presenting and delivering continuing education/training activities exist. Each would provide a fertile field of research and health administrators would be aided greatly by research that would determine the most desirable and effective methods to provide education/training for health services personnel.

Assessment of attitudes regarding state and local health personnel toward continuing education/training would provide a basis for more adequate planning and administration of learning opportunities for health personnel. A study of this type would reveal the difference, if any, between attitudes of state and local health personnel and various other health service personnel, such as Indian health, functioning in the delivery of a comprehensive health services program. Information concerning not only attitudes but factors that influence attitudes of health personnel would indicate program changes that may or may not be necessary to provide effective continuing education/training opportunities for various groups of health personnel.

The frequent appearance of the same personnel at education/training activities poses some questions: What is the motivation for attendance? Are participants there at the urging of supervisors? Is their attendance a device to avoid work? Are they there in sincere quest? Research would clarify these questions and others that might arise concerning repeated attendance. Thus, motivation would inevitably evolve in the study as the influencing factor and would have to be considered in close alliance with attendance, as well as methods of personnel selection for the learning opportunities. Research of motivation, attendance, and selection factors of both individuals and categorical groups of health personnel would benefit planning, management, and administration by pinpointing and clarifying facets that further or hinder continuing education/training programs.

Personnel career development and presentation frequency of training opportunities should also be observed in a research study.

Personnel career development is a widely discussed topic today, and research of its definition, importance, and relationship to continuing education/training would be of value to the health administrator as would the presentation intervals. How often should learning situations be available to personnel? Should all personnel be provided education/training opportunities each three months, six months, once a year, or at regularly scheduled periods?

Lastly, a system of records and information retrieval as could be provided in an effective continuing education/training program should be considered. The effort to obtain information from education/training records appears to be futile as no defined system exists. Actual costs of continuing education/training to agencies and personnel should be associated with records and information retrieval. At present, cost is calculated in a variety of ways and regarded by many to be tuition, travel, and per diem. The actual costs involve several factors and all could be and should be included to arrive at an accurate figure. Hence, the question--what, if any, is the difference between education and training, especially the cost involved? Research regarding management and administration of continuing education/training programs for health personnel could provide important information as to records and information retrieval, actual cost of education/training experiences, and education versus training. This knowledge would provide a firm basis for establishing effective managerial procedures in the operation of a continuing education/training program.

CHAPTER VI

SUMMARY

A study was conducted of selected Indian health personnel to determine knowledge about and attitudes toward continuing education/training. Research results indicate a difference in total knowledge between professional and allied personnel regarding continuing education/training with professional personnel revealing the greater knowledge. Nevertheless, attitudes of the two categorical groups were remarkably similar. A working hypothesis that professional health personnel in selected Indian Health Service Units will demonstrate more positive attitudes than allied health personnel toward continuing education/training was tested with an additional four propositions: (1) attitudes toward continuing education/training will become more positive as the age of personnel increases, (2) attitudes toward continuing education/training will become more positive as the length of service of personnel increases, (3) attitudes toward continuing education/training will become more positive as educational level of personnel rises, (4) Indian personnel will demonstrate more positive attitudes than non-Indian personnel toward continuing education/training. In addition to testing the hypothesis and propositions, information was collected and reviewed concerning Indian Health personnel and continuing education/training.

A semi-standardized personal interview was completed with a total of one hundred forty-five individuals at three Indian Health Service Units in Oklahoma, Lawton, Claremore, and Tahlequah seeking individual opinions and attitudes regarding continuing education/training. The respondents were sixty-two from the professional health category and eighty-three from the allied health category.

Research results indicate the average age of respondents to be 42 years with a range of 20 to 69 years. Sixteen were commissioned officers and one hundred twenty-nine civil service employees. Respondents' length of Public Health Service employment was 9 years with a range of one month to 37 years. Average length of employment at the service units was six years with a range of one month to 34 years. The average educational level was 15 years with a range of three to 15 years.

Data indicated the hypothesis and four propositions were unconfirmed. Results of the research showed a positive attitude for all respondents toward continuing education/training. No correlation between service units, category of personnel (allied or professional), age, length of employment, education, or ethnic group and attitude, was indicated. The mean attitude score of all respondents was 85, while the mean score for allied health respondents was 85, and professional health respondents, 84. Mean attitude score by service units for all respondents was: Lawton, 84; Claremore, 85; and Tahlequah, 83. Attitude scores for all age levels of respondents involved in the study ranged from 81 to 92, while those from all length of service employment had an attitude score ranging from 78 to 88. Attitude scores for all educa-

tional levels of respondents ranged from 78 to 88. Both ethnic groups, Indian and non-Indian, had an attitude score ranging from 83 to 86.

Even though the hypothesis and propositions were unconfirmed, research findings disclosed areas that should be emphasized for continuing education/training to be made an important part of the total Indian Health Service program operation.

One hundred twenty-five (eighty-five percent) respondents equally divided between the allied and professional category viewed continuing education/training necessary to meet goals and objectives of service units, while one hundred thirty-seven (ninety-five percent) respondents equally divided between the categorical groups regarded continuing education/training important to improving patient care. Twenty-three (sixteen percent) respondents, twenty-one (twenty-five percent) allied and two (three percent) professional, indicated no type continuing education/training had been received during employment which ranged from one month to 24 years with the Indian Health Service.

Continuing education/training was considered most important for professional personnel by one hundred nine (seventy-six percent) respondents, fifty-seven (seventy percent) allied and fifty-two (eighty-three percent) professional. The need for an overall continuing education/training plan and program for the total service unit and for each employee within the service unit was presented by one hundred forty-five (one hundred percent) respondents.

As to an organized on-the-job plan or program of continuing education/training for personnel, one hundred forty-four (ninety-nine percent) respondents stated, do not know. One hundred eight (seventy-

four percent) representing sixty-six (eighty percent) allied and forty-two (sixty-eight percent) professional respondents stated the service unit did not have a developed plan for continuing education/training for their specialty group or profession.

Fifty-eight (seventy percent) allied and forty-eight (seventy-seven percent) professional people or one hundred six (seventy-three percent) respondents reported immediate supervisors had never discussed a plan of continuing education/training. One hundred thirty-eight (ninety-six percent) respondents almost equally divided between the allied and professional category indicated willingness to take advantage of education training opportunities for skills or professional advancement. A majority, one hundred nineteen (eighty-two percent) respondents almost equally divided between the categorical groups regarded college or university association unnecessary for effective continuing education/training.

This study disclosed that one hundred twenty-one (eighty-three percent) respondents, seventy-eight (ninety-four percent) allied and forty-three (sixty-nine percent) professional, were unaware of a training director in the Oklahoma City Area. The study, also, revealed that one hundred thirty (ninety-one percent) respondents equally divided between the allied and professional category did not know if the service unit had an established method or procedure to select individuals for continuing education/training.

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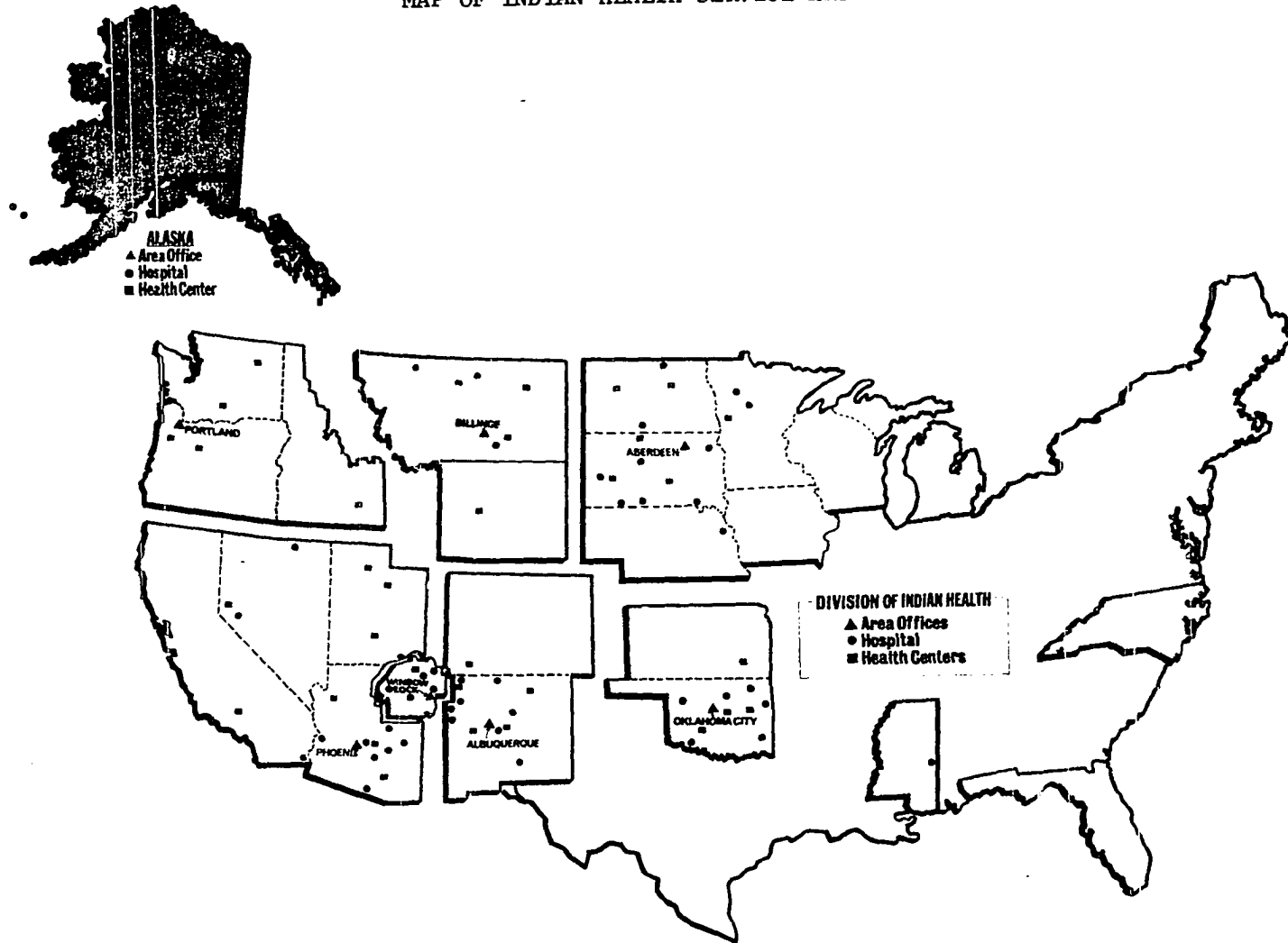
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APPENDIX I

MAP OF INDIAN HEALTH SERVICE AREA OFFICES

MAP OF INDIAN HEALTH SERVICE AREA OFFICES



APPENDIX II

OKLAHOMA SERVICE UNITS

70

APPENDIX III

LAWTON SERVICE UNIT PERSONNEL

APPENDIX III

LAWTON SERVICE UNIT PERSONNEL

(TOTAL 115)

<u>Professional Category</u>	<u>No.</u>	<u>Allied Category</u>	<u>No.</u>
Administrators	1	Clerk-Secretary	9
Physicians	8	Nursing	26
Nurses	27	Food Service Personnel	8
Dietitians	1	Housekeeping and Maintenance	14
Pharmacists	2	Dental Assistants	4
Environmental Health	2	Medical Records and Laboratory Personnel	8
Dentists	3	Pharmacists Assistants	<u>1</u>
Health Educators	<u>1</u>		
TOTAL	45	TOTAL	70

APPENDIX IV

CLAREMORE SERVICE UNIT PERSONNEL

APPENDIX IV

CLAREMORE SERVICE UNIT PERSONNEL

(TOTAL 89)

<u>Professional Category</u>	<u>No.</u>	<u>Allied Category</u>	<u>No.</u>
Administrators	1	Clerk-Secretary	8
Physicians	8	Nursing	19
Nurses	19	Food Service Personnel	8
Dietitians	1	Housekeeping and Maintenance	11
Pharmacists	2	Dental Assistants	1
Environmental Health	1	Medical Records and Laboratory Personnel	6
Dentists	2		
Social Worker	1		
Health Educators	<u>1</u>		<u> </u>
TOTAL	36	TOTAL	53

APPENDIX V

TAHLEQUAH SERVICE UNIT PERSONNEL

APPENDIX V

TAHLEQUAH SERVICE UNIT PERSONNEL

(TOTAL 87)

<u>Professional Category</u>	<u>No.</u>	<u>Allied Category</u>	<u>No.</u>
Administrators	2	Clerk-Secretary	7
Physicians	8	Nursing	16
Nurses	19	Food Service Personnel	8
Dietitians	1	Housekeeping and Maintenance	9
Pharmacists	2	Dental Assistants	2
Medical Records	1	Medical Records and Laboratory Personnel	2
Laboratory	4		
Environmental Health	3		
Dentists	2		
Health Educators	<u>1</u>		<u> </u>
TOTAL	43	TOTAL	44

APPENDIX VI

PARTICIPATING HEALTH PERSONNEL: CATEGORY AND NUMBER

APPENDIX VI

PARTICIPATING HEALTH PERSONNEL: CATEGORY AND NUMBER

(TOTAL 145)

<u>Professional Category</u>	<u>No.</u>	<u>Allied Category</u>	<u>No.</u>
Administrators	3	Clerk-Secretary	10
Physicians	6	Nursing	31
Nurses	34	Food Service Personnel	12
Dietitians	3	Housekeeping and Maintenance	17
Pharmacists	3	Dental Assistants	4
Environmental Health	3	Medical Records and Laboratory Personnel	8
Dentist	3	Pharmacists Assistants	1
Social Worker	1		
Medical Records	1		
Laboratory	2		
Health Educators	<u>3</u>		<u> </u>
TOTAL	62	TOTAL	83

APPENDIX VII

QUESTIONNAIRE AND ATTITUDE INSTRUMENT

APPENDIX VII

QUESTIONNAIRE AND ATTITUDE INSTRUMENT

Service Unit _____

Job classification _____ Years employed PHS _____

Years at Service Unit _____ Indian _____ Non-Indian _____

Date of Birth _____ Grade _____ Civil Service _____

Commissioned _____ Years education completed _____ Degree(s) _____

Other education/training _____

-
1. Why did you select the Public Health Service as a place of employment?
☐ Career opportunities ☐ Fulfill military require-
☐ Interest in people ments
☐ Friends and family ties ☐ Only place of employment
☐ Other, Explain _____ ☐ Better pay than other
 places
 2. Are you working in a supervisory capacity? ☐ Yes ☐ No
 3. Do you feel there should be an over all continuing education/training
plan developed for each service unit and each employee within the
service unit? ☐ Yes ☐ No Why? _____

 4. When was the last time you attended any type of continuing education/
training activity?
☐ Last three months
☐ Last six months
☐ Last year
☐ Longer than a year
☐ Never
 5. Of what value do you consider the education/training activities you
have received in the past? ☐ None ☐ Little ☐ Great
 6. How often do you feel opportunities for continuing education/training
should be made available to employees?
☐ Each three months ☐ Each five years
☐ Each six months ☐ Other, Explain _____
☐ Each year _____

APPENDIX VII -- Continued

QUESTIONNAIRE AND ATTITUDE INSTRUMENT

7. Is there any type of on the job continuing education/training plan or program developed for the total service unit? () Yes () No
If yes, explain _____

8. Is there any type of on the job education/training plan or program at the service unit for your speciality group? () Yes () No
If yes, explain _____

9. Does your service unit have an organized plan for any type of education training for personnel? () Yes () No () Don't know.
If yes, explain _____

10. Has your immediate supervisor in this service unit ever discussed a plan of continuing education/training with you? () Yes () No
If yes, what _____

11. Do you feel you have received the () same, () More, or () less consideration for education/training opportunities than other personnel in the service unit? Why? _____

12. If you were interested in continuing education/training what person in the service unit would you contact? Why? _____

13. Does the area have a director of training? () Yes () No () Don't know. If yes, what is his name? _____
14. All things being equal, do you feel it more advantageous to go elsewhere to courses or have them presented at the service unit? () Go to courses () Have them presented at service unit. Why? _____

15. Do you believe there are more, less or the same opportunities for continuing education/training with the Indian Health Service compared with other government agencies? () More () Less () Same.
Why? _____

16. How accessible do you feel education/training opportunities are to you?
() Readily available () Don't know
() None available

APPENDIX VII -- Continued

QUESTIONNAIRE AND ATTITUDE INSTRUMENT

17. Do you believe your supervisor feels continuing education/training important? () Yes () No. Why? _____

18. If available, would you take advantage of any education/training opportunities to advance in your skill or profession? () Yes () No
19. If available, would you take advantage of education/training opportunities to learn more about other fields of work? () Yes () No. What field would be your preference? _____

20. Are you aware of any education/training opportunities that may be available at nearby colleges or universities? () Yes () No
() Don't know.
21. What kind of continuing education/training do you prefer most?
() Structured (lecture, planned and very formal, complete instructions)
() Unstructured (small group discussions, informal, lots of individual thought, freedom, and discussion).
22. Do you think to be effective continuing education/training must be college or university connected? () Yes () No.
23. Do you think individuals selected for continuing education/training should help finance such training? () Yes () No
24. What is the maximum amount you think an individual should help pay toward the cost of continuing education/training?
() All the cost
() At least 3/4 the cost
() At least 1/2 the cost
() At least 1/4 the cost
() Other, explain _____

25. Does your service unit have a standard method or procedure to select individuals for continuing education/training? () Yes () No
() Don't know.
26. Do you consider the method of selection used by your service unit to be satisfactory? () Yes () No. Why? _____

APPENDIX VII

QUESTIONNAIRE AND ATTITUDE INSTRUMENT

PLEASE MARK EVERY STATEMENT with one of the opinions: SA-strongly agree, MA-moderately agree, U-undecided, MD- moderately disagree, SD-strongly disagree.

EXAMPLE: Continuing education/training costs money.

(SA) MA U MD SD

1. Continuing education/training is necessary to keep abreast of new knowledge.
SA MA U MD SD
2. Continuing education/training would increase my interest in my job.
SA MA U MD SD
3. Continuing education/training is not important once a person has a good job.
SA MA U MD SD
4. Continuing education/training gives me personal satisfaction.
SA MA U MD SD
5. Continuing education/training will not affect promotions.
SA MA U MD SD
6. Supervisors should participate in continuing education/training as well as other employees.
SA MA U MD SD
7. Continuing education/training would be important to my job performance.
SA MA U MD SD
8. Continuing education/training is not important to me personally.
SA MA U MD SD
9. Continuing education/training should be available to all personnel in this service unit.
SA MA U MD SD
10. Continuing education/training is not very important in this service unit.
SA MA U MD SD
11. Continuing education/training is not necessary to meet the goals and the objectives of this service unit.
SA MA U MD SD

APPENDIX VII

QUESTIONNAIRE AND ATTITUDE INSTRUMENT

- | | | | | | | |
|-----|---|----|----|---|----|----|
| 12. | All employees should have some continuing education/training each year. | SA | MA | U | MD | SD |
| 13. | Continuing education/training is a key part of this service unit program plan. | SA | MA | U | MD | SD |
| 14. | Continuing education/training would help me to do my job better. | SA | MA | U | MD | SD |
| 15. | Continuing education/training is most important for professional personnel. | SA | MA | U | MD | SD |
| 16. | Continuing education/training takes too much time and money. | SA | MA | U | MD | SD |
| 17. | Continuing education/training is important in improving patient care. | SA | MA | U | MD | SD |
| 18. | Continuing education/training should not be a requirement for all personnel in this service unit. | SA | MA | U | MD | SD |
| 19. | The Indian Health Service should program more money for continuing education/training. | SA | MA | U | MD | SD |
| 20. | Most employees in this service unit feel continuing education/training to be important. | SA | MA | U | MD | SD |

APPENDIX VIII

DISTRIBUTION OF RESPONSES AND ATTITUDE SCORES

TABLE 3

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS BY TOTAL SAMPLE

Choices	83 Allied	62 Prof.	145 Total
1. Why did you select the Public Health Service as a place of employment?			
Career opportunities	47 (57%)	27 (45%)	74 (51%)
Interest in people	10 (12%)	4 (6%)	14 (10%)
Friends and family ties	17 (20%)	12 (19%)	29 (20%)
Military requirements		12 (19%)	12 (8%)
Only place of employment	3 (4%)	1 (2%)	4 (3%)
Better pay than other place	5 (6%)	4 (6%)	9 (6%)
Other	1 (2%)	2 (3%)	3 (2%)
2. Are you working in a supervisory capacity?			
Yes	13 (16%)	40 (65%)	53 (37%)
No	70 (84%)	22 (35%)	92 (63%)
3. Do you feel there should be an over all continuing education/training plan developed for each service unit and each employee within the service unit?			
Yes	83 (100%)	62 (100%)	145 (100%)
No			
4. When was the last time you attended any type of continuing education/training activity?			
Last three months	22 (27%)	27 (45%)	49 (34%)
Last six months	6 (8%)	12 (19%)	18 (12%)
Last year	5 (6%)	7 (11%)	12 (8%)
Longer than a year	29 (34%)	14 (23%)	43 (30%)
Never	21 (25%)	2 (3%)	23 (16%)
5. Of what value do you consider the education/training activities you have received in the past? (Based on those answering affirmative to question 4).			
None	1 (2%)		1 (2%)
Little	13 (21%)	12 (20%)	25 (20%)
Great	48 (77%)	48 (80%)	96 (79%)

TABLE 3 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS BY TOTAL SAMPLE

Choices	83 Allied	62 Prof.	145 Total
6. How often do you feel opportunities for continuing education/training should be made available to employees?			
Each three months	7 (8%)	7 (11%)	14 (10%)
Each six months	14 (16%)	5 (8%)	19 (13%)
Each year	39 (47%)	19 (31%)	58 (40%)
Each five years	1 (2%)		1 (1%)
Other	22 (27%)	31 (50%)	53 (37%)
7. Is there any type of on the job continuing education/training plan or program developed for the total service unit?			
Yes		1 (2%)	1 (1%)
No	83 (100%)	61 (98%)	144 (99%)
8. Is there any type of on the job education/training plan or program at the service unit for your speciality group?			
Yes	17 (20%)	20 (32%)	37 (26%)
No	66 (80%)	42 (68%)	108 (74%)
9. Does your service unit have an organized plan for any type of education training for personnel?			
Yes	1 (1%)		1 (1%)
No	40 (48%)	50 (81%)	90 (62%)
Don't know	42 (51%)	12 (19%)	54 (37%)
10. Has your immediate supervisor in this service unit ever discussed a plan of continuing education/training with you?			
Yes	25 (30%)	14 (23%)	39 (26%)
No	58 (70%)	48 (77%)	106 (73%)
11. Do you feel you have received the same, more, or less consideration for education/training opportunities than other personnel in the service unit?			
Same	58 (70%)	42 (68%)	100 (69%)
More	3 (4%)	15 (24%)	18 (12%)
Less	22 (26%)	5 (8%)	27 (19%)

TABLE 3 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS BY TOTAL SAMPLE

	Choices	83 Allied	62 Prof.	145 Total
12.	If you were interested in continuing education/training what person in the service unit would you contact?			
	Supervisor (chain of command)	80 (97%)	58 (94%)	138 (95%)
	Other	3 (3%)	4 (6%)	7 (5%)
13.	Does the area have a director of training? If yes, what is his name?			
	Yes	5 (5%)	19 (31%)	24 (17%)
	No		2 (3%)	2 (1%)
	Don't know	78 (94%)	41 (66%)	119 (82%)
14.	All things being equal, do you feel it more advantageous to go elsewhere to courses or have them presented at the service unit?			
	Go to courses	17 (20%)	22 (35%)	39 (27%)
	Presented at service unit	66 (80%)	40 (65%)	106 (73%)
15.	Do you believe there are more, less, or the same opportunities for continuing education/training with the Indian Health Service compared with other government agencies?			
	More	2 (2%)	5 (8%)	7 (5%)
	Less	3 (4%)	12 (19%)	15 (10%)
	Same	78 (94%)	45 (73%)	123 (85%)
16.	How accessible do you feel education/training opportunities are to you?			
	Readily available	25 (30%)	40 (64%)	65 (45%)
	None available	9 (11%)	8 (13%)	17 (12%)
	Don't know	49 (59%)	14 (23%)	63 (43%)
17.	Do you believe your supervisor feels continuing education/training important?			
	Yes	65 (78%)	51 (82%)	116 (80%)
	No	18 (22%)	11 (18%)	29 (20%)

TABLE 3 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS BY TOTAL SAMPLE

Choices	83 Allied	62 Prof.	145 Total
18. If available, would you take advantage of any education training opportunities to advance in your skill or profession?			
Yes	80 (96%)	58 (94%)	138 (95%)
No	3 (4%)	4 (6%)	7 (5%)
19. If available, would you take advantage of education/training opportunities to learn more about other fields of work? What field would be your preference?			
Yes	47 (57%)	35 (56%)	82 (57%)
No	36 (43%)	27 (44%)	63 (43%)
20. Are you aware of any education/training opportunities that may be available at nearby colleges or universities?			
Yes	21 (25%)	37 (59%)	58 (40%)
No	6 (8%)	6 (10%)	12 (8%)
Don't know	56 (67%)	19 (31%)	75 (52%)
21. What kind of continuing education/training do you prefer most? structured (lecture, planned and very formal, complete instructions) unstructured (small group discussions, informal, lots of individual thought, freedom, and discussion)			
Structured	14 (16%)	20 (32%)	34 (24%)
Unstructured	69 (74%)	42 (68%)	111 (76%)
22. Do you think to be effective continuing education/training must be college or university connected?			
Yes	18 (22%)	8 (13%)	26 (18%)
No	65 (78%)	54 (87%)	119 (82%)
23. Do you think individuals selected for continuing education/training should help finance such training?			
Yes	46 (55%)	36 (58%)	82 (57%)
No	37 (45%)	26 (42%)	63 (43%)

TABLE 3 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS BY TOTAL SAMPLE

	Choices	83 Allied	62 Prof.	145 Total
24.	What is the maximum amount you think an individual should help pay toward the cost of continuing education/training? (Based on those answering yes to question 23).			
	All the cost		1 (3%)	1 (1%)
	At least 3/4 the cost			
	At least 1/2 the cost	4 (9%)		4 (5%)
	At least 1/4 the cost	2 (4%)	1 (3%)	3 (4%)
	Other	40 (87%)	34 (94%)	74 (90%)
25.	Does your service unit have a standard method or procedure to select individuals for continuing education/training?			
	Yes	2 (2%)	3 (5%)	5 (10%)
	No	5 (6%)	12 (19%)	17 (12%)
	Don't know	76 (92%)	47 (75%)	123 (79%)
26.	Do you consider the method of selection used by your service unit to be satisfactory? (Based on those answering yes to question 25).			
	Yes		1 (33%)	1 (20%)
	No	2 (100%)	2 (67%)	4 (80%)

TABLE 4

DISTRIBUTION OF RESPONSES TO ATTITUDE ITEMS BY TOTAL SAMPLE

a Item	Strongly Agree		Moderately Agree		Undecided		Moderately Disagree		Strongly Disagree	
	82 ^b Allied	62 Prof.	82 ^b Allied	62 Prof.	82 ^b Allied	62 Prof.	82 ^b Allied	62 Prof.	82 ^b Allied	62 Prof.
1.	65 (79%)	52 (84%)	17 (21%)	10 (16%)						
2.	48 (59%)	34 (55%)	26 (32%)	17 (27%)	2 (2%)	4 (6%)	4 (6%)	6 (10%)	2 (2%)	1 (2%)
3.	3 (5%)		2 (2%)		1 (1%)	1 (2%)	21 (25%)	4 (6%)	55 (67%)	57 (92%)
4.	45 (54%)	38 (61%)	26 (32%)	19 (31%)	8 (10%)	2 (3%)	3 (5%)	1 (2%)		2 (3%)
5.	10 (12%)	3 (5%)	9 (11%)	6 (10%)	11 (13%)	7 (11%)	24 (29%)	23 (37%)	28 (34%)	23 (37%)
6.	58 (72%)	51 (81%)	21 (25%)	9 (15%)	2 (2%)	1 (2%)	1 (1%)			1 (2%)
7.	54 (66%)	40 (65%)	22 (26%)	17 (27%)	2 (2%)	2 (3%)	3 (5%)	2 (3%)	1 (1%)	1 (2%)
8.	7 (9%)	1 (2%)	6 (7%)	6 (10%)	4 (5%)		18 (22%)	10 (16%)	47 (57%)	45 (72%)
9.	56 (70%)	44 (71%)	22 (26%)	15 (24%)	1 (1%)	1 (2%)	2 (2%)	2 (3%)	1 (1%)	
10.	2 (2%)	3 (5%)	6 (7%)	3 (5%)	1 (1%)	4 (6%)	17 (21%)	8 (13%)	56 (70%)	44 (71%)

^aSee APPENDIX VII for attitude instrument.

^bOne person was unable to complete attitude instrument.

TABLE 4 -- Continued

DISTRIBUTION OF RESPONSES TO ATTITUDE ITEMS BY TOTAL SAMPLE

^a Item	Strongly Agree		Moderately Agree		Undecided		Moderately Disagree		Strongly Disagree	
	82 ^b Allied	62 Prof.	82 ^b Allied	62 Prof.	82 ^b Allied	62 Prof.	82 ^b Allied	62 Prof.	82 ^b Allied	62 Prof.
11.	1 (1%)	2 (3%)	6 (7%)		5 (6%)	5 (8%)	26 (32%)	15 (24%)	44 (54%)	40 (65%)
12.	47 (57%)	34 (55%)	26 (32%)	21 (34%)	5 (6%)	4 (6%)	4 (5%)	3 (5%)		
13.	32 (39%)	10 (16%)	23 (28%)	15 (24%)	18 (22%)	16 (26%)	7 (9%)	13 (21%)	2 (2%)	8 (13%)
14.	53 (65%)	37 (59%)	24 (29%)	21 (34%)	2 (2%)	3 (5%)	2 (2%)	1 (2%)	1 (1%)	
15.	41 (50%)	37 (59%)	16 (20%)	15 (24%)	6 (7%)		10 (12%)	6 (10%)	9 (11%)	4 (6%)
16.	5 (6%)	36 (58%)	12 (15%)	3 (5%)	9 (11%)	3 (5%)	24 (29%)	20 (32%)	32 (39%)	
17.	62 (75%)	50 (79%)	16 (20%)	9 (15%)	3 (5%)	1 (2%)	1 (1%)	1 (2%)		1 (2%)
18.	3 (5%)	4 (6%)	12 (15%)	16 (26%)	11 (13%)	8 (13%)	26 (32%)	13 (21%)	30 (36%)	21 (34%)
19.	50 (61%)	36 (58%)	26 (32%)	15 (24%)	6 (7%)	10 (16%)		1 (2%)		
20.	33 (41%)	13 (21%)	23 (28%)	20 (32%)	22 (26%)	23 (37%)	4 (5%)	4 (6%)		2 (3%)

^aSee APPENDIX VII for attitude instrument.^bOne person was unable to complete attitude instrument.

TABLE 5

DISTRIBUTION OF ATTITUDE SCORES BY TOTAL SAMPLE

Attitude Score	82 Allied*	62 Professional	144 Total*
0-60			
61-70	3 (5%)	1 (2%)	4 (3%)
71-80	21 (25%)	16 (26%)	37 (26%)
81-90	39 (47%)	33 (53%)	72 (50%)
91-100	19 (23%)	12 (19%)	31 (21%)

*One person was unable to complete attitude instrument.

TABLE 6

DISTRIBUTION OF TOTAL SAMPLE BY AGE AND MEAN ATTITUDE SCORE

Age Group	82*		62		144*	
	Allied	Mean Score	Professional	Mean Score	Total	Mean Score
Under 25	9 (11%)	86	1 (2%)	85	10 (7%)	86
25 - 29	5 (6%)	87	13 (21%)	81	18 (13%)	84
30 - 34	11 (13%)	84	11 (18%)	90	22 (15%)	87
35 - 39	13 (16%)	89	5 (8%)	86	18 (13%)	88
40 - 44	10 (12%)	81	7 (11%)	83	17 (12%)	82
45 - 49	11 (13%)	83	5 (8%)	92	16 (11%)	88
50 - 54	9 (11%)	84	9 (15%)	81	18 (13%)	83
Over 55	14 (17%)	81	11 (18%)	83	25 (17%)	82

*One person was unable to complete attitude instrument.

TABLE 7

DISTRIBUTION OF TOTAL SAMPLE BY LENGTH OF EMPLOYMENT AND MEAN ATTITUDE SCORE

Years of Employment USPHS	82* Allied Mean Score		62 Professional Mean Score		144* Total Mean Score	
Less - 1	6 (7%)	88	3 (5%)	85	9 (6%)	87
1 - 3	23 (28%)	85	21 (34%)	83	44 (31%)	84
4 - 7	14 (17%)	87	14 (23%)	85	28 (20%)	86
8 - 11	8 (10%)	84	10 (6%)	86	18 (13%)	85
12 - 15	15 (18%)	81	7 (11%)	82	22 (15%)	82
16 - 20	7 (9%)	88	3 (5%)	84	10 (7%)	86
Over 20	9 (11%)	83	4 (6%)	78	13 (8%)	81

*One person was unable to complete attitude instrument.

TABLE 8

DISTRIBUTION OF TOTAL SAMPLE BY EDUCATION LEVEL AND MEAN ATTITUDE

Education Years	82*		62		144*	
	Allied	Mean Score	Professional	Mean Score	Total	Mean Score
Less - 8	3 (5%)	83			3 (2%)	83
8 - 10	14 (17%)	78			14 (10%)	78
11 - 12	30 (36%)	84	1 (2%)	84	31 (21%)	84
13 - 14	30 (36%)	88	1 (2%)	85	31 (21%)	86
15 - 16	5 (6%)	81	29 (46%)	84	34 (24%)	83
17 - 18			18 (29%)	84	18 (13%)	84
19 - 20			8 (13%)	86	8 (6%)	86
Over 20			5 (8%)	83	5 (4%)	83

*One person was unable to complete attitude instrument.

TABLE 9

DISTRIBUTION OF TOTAL SAMPLE BY ETHNIC
GROUP AND MEAN ATTITUDE SCORE

Ethnic Group	82*		62		144*	
	Allied	Mean	Professional	Mean	Total	Mean
Indian	75 (91%)	85	14 (23%)	86	89 (61%)	86
Non- Indian	7 (9%)	80	48 (77%)	85	55 (39%)	83

*One person was unable to complete attitude instrument.

TABLE 10

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS LAWTON SERVICE UNIT

Choices	35 Allied	23 Professional
1. Why did you select the Public Health service as a place of employment?		
Career opportunities	20 (57%)	7 (30%)
Interest in people	2 (6%)	2 (9%)
Friends and family ties	8 (23%)	7 (30%)
Military requirements		3 (13%)
Only place of employment	1 (3%)	
Better pay than other places	3 (9%)	2 (9%)
Other	1 (3%)	2 (9%)
2. Are you working in a supervisory capacity?		
Yes	6 (17%)	16 (69%)
No	29 (83%)	7 (30%)
3. Do you feel there should be an over all continuing education/training plan developed for each service unit and each employee within the service unit?		
Yes	35 (100%)	23 (100%)
No		
4. When was the last time you attended any type of continuing education/training activity?		
Last three months	7 (20%)	8 (35%)
Last six months	4 (11%)	5 (22%)
Last year	3 (9%)	4 (17%)
Longer than a year	16 (46%)	5 (22%)
Never	5 (14%)	1 (4%)
5. Of what value do you consider the education/training activities you have received in the past? (Based on those answering affirmative to question 4).		
None		
Little	8 (27%)	5 (23%)
Great	22 (73%)	17 (77%)

TABLE 10 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS LAWTON SERVICE UNIT

Choices	35 Allied	23 Professional
6. How often do you feel opportunities for continuing education/training should be made available to employees?		
Each three months	3 (9%)	2 (9%)
Each six months	7 (20%)	3 (13%)
Each year	18 (51%)	10 (43%)
Each five years	1 (3%)	
Other	6 (17%)	8 (35%)
7. Is there any type of on the job continuing education/training plan or program developed for the total service unit?		
Yes		
No	35 (100%)	23 (100%)
8. Is there any type of on the job education/training plan or program at the service unit for your speciality group?		
Yes	5 (14%)	7 (30%)
No	30 (86%)	16 (69%)
9. Does your service unit have an organized plan for any type of education training for personnel?		
Yes		
No	11 (32%)	17 (74%)
Don't know	24 (68%)	6 (26%)
10. Has your immediate supervisor in this service unit ever discussed a plan of continuing education/training with you?		
Yes	10 (29%)	6 (26%)
No	25 (71%)	17 (74%)
11. Do you feel you have received the same, more, or less consideration for education/training opportunities than other personnel in the service unit?		
Same	26 (74%)	19 (83%)
More		4 (17%)
Less	9 (26%)	

TABLE 10 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS LAWTON SERVICE UNIT

Choices	35 Allied	23 Professional
12. If you were interested in continuing education/training, what person in the service unit would you contact?		
Supervisor (chain of command)	35(100%)	23(100%)
Other		
13. Does the area have a director of training? If yes, what is his name?		
Yes	3(9%)	6(26%)
No		
Don't know	32(91%)	17(74%)
14. All things being equal, do you feel it more advantageous to go elsewhere to courses or have them presented at the service unit?		
Go to courses	9(26%)	9(39%)
Presented at service unit	26(74%)	14(61%)
15. Do you believe there are more, less, or the same opportunities for continuing education/training with the Indian Health Service compared with other government agencies?		
More	1(3%)	3(13%)
Less	3(9%)	1(4%)
Same	31(89%)	19(83%)
16. How accessible do you feel education/training opportunities are to you?		
Readily available	14(39%)	14(61%)
None available	5(14%)	6(26%)
Don't know	16(47%)	3(13%)
17. Do you believe your supervisor feels continuing education/training important?		
Yes	27(74%)	19(83%)
No	8(26%)	4(17%)

TABLE 10 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS LAWTON SERVICE UNIT

Choices	35 Allied	23 Professional
18. If available, would you take advantage of any education training opportunities to advance in your skill or profession?		
Yes	34 (97%)	20 (87%)
No	1 (3%)	3 (13%)
19. If available, would you take advantage of education/training opportunities to learn more about other fields of work? What field would be your preference?		
Yes	24 (68%)	11 (48%)
No	11 (32%)	12 (52%)
20. Are you aware of any education/training opportunities that may be available at nearby colleges or universities?		
Yes	11 (32%)	14 (61%)
No	4 (11%)	1 (4%)
Don't know	20 (57%)	8 (35%)
21. What kind of continuing education/training do you prefer most? structured (lecture, planned and very formal, complete instructions) unstructured (small group discussions, informal, lots of individual thought, freedom, and discussion)		
Structured	8 (23%)	7 (30%)
Unstructured	27 (77%)	16 (69%)
22. Do you think to be effective, continuing education/training must be college or university connected?		
Yes	14 (39%)	4 (17%)
No	21 (61%)	19 (83%)
23. Do you think individuals selected for continuing education/training should help finance such training?		
Yes	16 (47%)	12 (52%)
No	19 (53%)	11 (48%)

TABLE 10 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS LAWTON SERVICE UNIT

Choices	35 Allied	23 Professional
24. What is the maximum amount you think an individual should help pay toward the cost of continuing education/training? (Based on those answering yes to question 23).		
All the cost		
At least 3/4 the cost		
At least 1/2 the cost	3 (19%)	
At least 1/4 the cost	1 (6%)	1 (8%)
Other	12 (75%)	11 (92%)
25. Does your service unit have a standard method or procedure to select individuals for continuing education/training?		
Yes	1 (3%)	1 (4%)
No		5 (22%)
Don't know	34 (97%)	17 (74%)
26. Do you consider the method of selection used by your service unit to be satisfactory? (Based on those answering yes to question 25).		
Yes		
No	1 (100%)	1 (100%)

TABLE 11

DISTRIBUTION OF RESPONSES TO ATTITUDE ITEMS LAWTON SERVICE UNIT

Item*	Strongly Agree		Moderately Agree		Undecided		Moderately Disagree		Strongly Disagree	
	35 Allied	23 Prof.	35 Allied	23 Prof.	35 Allied	23 Prof.	35 Allied	23 Prof.	35 Allied	23 Prof.
1.	27 (77%)	17 (74%)	8 (23%)	6 (26%)						
2.	18 (51%)	12 (52%)	15 (43%)	8 (35%)	1 (3%)	2 (9%)	1 (3%)	1 (4%)		
3.	2 (6%)		1 (3%)		1 (3%)		12 (34%)	3 (13%)	19 (54%)	20 (87%)
4.	20 (57%)	11 (48%)	12 (34%)	11 (48%)	2 (6%)	1 (4%)	1 (3%)			
5.	2 (6%)	1 (4%)	3 (9%)	4 (17%)	6 (17%)	3 (13%)	10 (29%)	9 (39%)	14 (39%)	6 (26%)
6.	27 (77%)	17 (74%)	7 (20%)	5 (22%)	1 (3%)	1 (4%)				
7.	25 (71%)	10 (43%)	8 (23%)	9 (39%)	1 (3%)	2 (9%)	1 (3%)	2 (9%)		
8.	3 (9%)		3 (9%)	3 (13%)	2 (6%)		8 (23%)	7 (31%)	19 (53%)	13 (57%)
9.	21 (60%)	17 (74%)	13 (37%)	6 (26%)	1 (3%)					
10.		1 (4%)	4 (11%)	1 (4%)	1 (3%)	1 (4%)	7 (20%)	2 (9%)	23 (67%)	18 (79%)

*See APPENDIX VII for attitude instrument.

TABLE 11 -- Continued

DISTRIBUTION OF RESPONSES TO ATTITUDE ITEMS LAWTON SERVICE UNIT

Item*	Strongly Agree		Moderately Agree		Undecided		Moderately Disagree		Strongly Disagree	
	35 Allied	23 Prof.	35 Allied	23 Prof.	35 Allied	23 Prof.	35 Allied	23 Prof.	35 Allied	23 Prof.
11.	1 (3%)	1 (4%)	3 (9%)		3 (9%)	2 (9%)	6 (17%)	6 (26%)	22 (62%)	14 (61%)
12.	20 (57%)	10 (43%)	9 (26%)	10 (43%)	4 (11%)	3 (13%)	2 (6%)			
13.	15 (42%)	3 (13%)	10 (29%)	7 (31%)	7 (20%)	6 (26%)	3 (9%)	5 (22%)		2 (9%)
14.	22 (62%)	11 (48%)	13 (38%)	10 (43%)		2 (9%)				
15.	18 (51%)	10 (43%)	7 (20%)	9 (39%)	3 (9%)		4 (11%)	1 (4%)	3 (4%)	3 (13%)
16.	1 (3%)		5 (14%)	2 (9%)	6 (17%)	2 (9%)	8 (23%)	9 (39%)	15 (43%)	10 (43%)
17.	23 (65%)	14 (61%)	10 (29%)	8 (35%)	1 (3%)		1 (3%)	1 (4%)		
18.	3 (9%)	1 (4%)	5 (14%)	8 (35%)	5 (14%)	5 (22%)	9 (26%)	5 (22%)	13 (38%)	4 (17%)
19.	23 (67%)	10 (43%)	10 (29%)	8 (35%)	2 (6%)	4 (17%)		1 (4%)		
20.	17 (48%)	7 (31%)	11 (32%)	9 (39%)	5 (14%)	6 (26%)	2 (6%)	1 (4%)		

*See APPENDIX VII for attitude instrument.

TABLE 12

DISTRIBUTION OF ATTITUDE SCORES BY SERVICE UNIT

Attitude Score	LAWTON		CLAREMORE		TAHLEQUAH	
	35 Allied	23 Prof.	26 Allied	18 Prof.	21* Allied	21 Prof.
0 - 60						
61 - 70	1 (3%)			1 (6%)	2 (10%)	
71 - 80	9 (25%)	7 (31%)	7 (27%)	4 (22%)	5 (24%)	5 (24%)
81 - 90	16 (45%)	13 (56%)	14 (54%)	7 (39%)	9 (43%)	13 (62%)
91 - 100	9 (26%)	3 (13%)	5 (19%)	6 (33%)	5 (24%)	3 (14%)

*One person was unable to complete attitude instrument.

TABLE 13

DISTRIBUTION OF AGE AND MEAN ATTITUDE SCORE BY SERVICE UNITS

Age Group	LAWTON				CLAREMORE				TAHLEQUAH			
	35 Allied	Mean	23 Prof.	Mean	26 Allied	Mean	18 Prof.	Mean	21* Allied	Mean	21 Prof.	Mean
Under 25	5 (14%)	84	1 (4%)	85	4 (15%)	88						
25 - 29	2 (6%)	79	2 (9%)	79	1 (4%)	77	5 (28%)	81	2 (10%)	94	6 (29%)	83
30 - 34	4 (11%)	83	7 (31%)	85	3 (12%)	83	1 (6%)	96	4 (19%)	87	3 (14%)	88
35 - 39	8 (23%)	87			4 (15%)	90	2 (11%)	87	1 (5%)	93	3 (14%)	86
40 - 44	4 (11%)	82	3 (13%)	79	2 (7%)	77	4 (22%)	87	4 (19%)	82		
45 - 49	2 (6%)	82	2 (9%)	89	6 (23%)	86	1 (6%)	96	3 (14%)	80	2 (10%)	90
50 - 54	3 (9%)	79	4 (17%)	81	3 (12%)	88	2 (11%)	81	3 (14%)	85	3 (14%)	82
Over 55	7 (20%)	89	4 (17%)	82	3 (12%)	81	3 (16%)	85	4 (19%)	73	4 (19%)	83

*One person was unable to complete attitude instrument.

TABLE 14

DISTRIBUTION OF LENGTH OF EMPLOYMENT AND MEAN ATTITUDE SCORE BY SERVICE UNITS

Years Employment USPHS	LAWTON				CLAREMORE				TAHLEQUAH			
	35 Allied	23 Mean	Prof.	Mean	26 Allied	18 Mean	Prof.	Mean	21* Allied	21 Mean	Prof.	Mean
Less - 1	1 (3%)	87			4 (15%)	86	2 (11%)	90	1 (5%)	91	1 (5%)	80
1 - 3	12 (34%)	83	9 (39%)	84	5 (21%)	83	4 (22%)	79	6 (29%)	89	8 (38%)	85
4 - 7	6 (17%)	83	5 (22%)	80	3 (12%)	94	4 (22%)	88	5 (23%)	85	5 (24%)	86
8 - 11	4 (11%)	85	3 (13%)	86	4 (15%)	83	4 (22%)	85			3 (14%)	87
12 - 15	6 (17%)	84	2 (9%)	75	4 (15%)	84	3 (16%)	88	5 (23%)	76	2 (10%)	83
16 - 20	3 (9%)	87	1 (4%)	84	4 (15%)	89	1 (6%)	84			1 (5%)	83
Over - 20	3 (9%)	94	3 (13%)	82	2 (7%)	77			4 (19%)	79	1 (5%)	74

*One person was unable to complete attitude instrument.

TABLE 15

DISTRIBUTION OF EDUCATIONAL LEVEL AND MEAN ATTITUDE SCORE BY SERVICE UNITS

Years of Education	LAWTON				CLAREMORE				TAHLEQUAH			
	35 Allied	23 Mean	Prof.	Mean	26 Allied	18 Mean	Prof.	Mean	21* Allied	21 Mean	Prof.	Mean
Less - 7	1 (3%)	90			1 (4%)	92			1 (5%)	67		
8 - 10	6 (17%)	70			4 (15%)	80			4 (19%)	84		
11 - 12	17 (48%)	85	1 (4%)	84	7 (27%)	84			6 (29%)	84		
13 - 14	9 (26%)	81			13 (50%)	87			8 (38%)	86	1 (5%)	85
15 - 16	2 (6%)	91	13 (57%)	80	1 (4%)	77	6 (34%)	89	2 (10%)	74	10 (48%)	83
17 - 18			6 (26%)	85			7 (39%)	81			5 (24%)	87
19 - 20			1 (4%)	86			3 (16%)	85			4 (19%)	86
Over - 20			2 (9%)	87			2 (11%)	77			1 (5%)	84

*One person was unable to complete attitude instrument.

TABLE 16

DISTRIBUTION OF ETHNIC GROUP AND MEAN ATTITUDE SCORE BY SERVICE UNITS

Ethnic Group	LAWTON				CLAREMORE				TAHLEQUAH			
	35 Allied	Mean	23 Prof.	Mean	26 Allied	Mean	18 Prof.	Mean	21* Allied	Mean	21 Prof.	Mean
Indian	32 (91%)	85	5 (22%)	83	23 (88%)	85	5 (28%)	86	20 (95%)	84	4 (19%)	90
Non- Indian	3 (9%)	84	18 (78%)	83	3 (12%)	84	13 (72%)	85	1 (5%)	73	17 (81%)	84

*One person was unable to complete attitude instrument.

TABLE 17

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS CLAREMORE SERVICE UNIT

Choices	26 Allied	18 Professional
1. Why did you select the Public Health Service as a place of employment?		
Career opportunities	14 (54%)	10 (56%)
Interest in people	3 (12%)	
Friends and family ties	6 (23%)	3 (16%)
Military requirements		4 (22%)
Only place of employment	1 (4%)	1 (6%)
Better pay than other places	2 (7%)	
Other		
2. Are you working in a supervisory capacity?		
Yes	6 (23%)	13 (72%)
No	20 (77%)	5 (28%)
3. Do you feel there should be an over all continuing education/training plan developed for each service unit and each employee within the service unit?		
Yes	26 (100%)	18 (100%)
No		
4. When was the last time you attended any type of continuing education/training activity?		
Last three months	14 (54%)	12 (66%)
Last six months		1 (6%)
Last year		2 (11%)
Longer than a year	4 (15%)	2 (11%)
Never	8 (31%)	1 (6%)
5. Of what value do you consider the education/training activities you have received in the past? (Based on those answering affirmative to question 4).		
None	1 (5%)	
Little	4 (22%)	2 (12%)
Great	13 (73%)	15 (88%)

TABLE 17 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS CLAREMORE SERVICE UNIT

Choices	26 Allied	18 Professional
6. How often do you feel opportunities for continuing education/training should be made available to employees?		
Each three months	3 (12%)	3 (16%)
Each six months	4 (15%)	1 (6%)
Each year	10 (38%)	2 (11%)
Each five years		
Other	9 (34%)	12 (66%)
7. Is there any type of on the job continuing education/training plan or program developed for the total service unit?		
Yes		1 (6%)
No	26 (100%)	17 (94%)
8. Is there any type of on the job education/training plan or program at the service unit for your speciality group?		
Yes	12 (46%)	7 (39%)
No	14 (54%)	11 (61%)
9. Does your service unit have an organized plan for any type of education training for personnel?		
Yes	1 (4%)	
No	7 (27%)	12 (66%)
Don't know	18 (69%)	6 (34%)
10. Has your immediate supervisor in this service unit ever discussed a plan of continuing education/training with you?		
Yes	8 (31%)	5 (28%)
No	18 (69%)	13 (72%)
11. Do you feel you have received the same, more, or less consideration for education/training opportunities than other personnel in the service unit?		
Same	15 (58%)	11 (61%)
More	2 (7%)	5 (28%)
Less	9 (34%)	2 (11%)

TABLE 17 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS CLAREMORE SERVICE UNIT

Choices	26 Allied	18 Professional
12. If you were interested in continuing education/training what person in the service unit would you contact?		
Supervisor (chain of command)	25 (96%)	15 (84%)
Other	1 (4%)	3 (16%)
13. Does the area have a director of training? If yes, what is his name?		
Yes	2 (7%)	7 (39%)
No		1 (6%)
Don't know	24 (93%)	10 (56%)
14. All things being equal, do you feel it more advantageous to go elsewhere to courses or have them presented at the service unit?		
Go to courses	6 (23%)	8 (43%)
Presented at service unit	20 (77%)	10 (56%)
15. Do you believe there are more, less, or the same opportunities for continuing education/training with the Indian Health Service compared with other government agencies?		
More		
Less		5 (28%)
Same	26 (100%)	13 (72%)
16. How accessible do you feel education/training opportunities are to you?		
Readily available	7 (27%)	13 (72%)
None available	1 (4%)	2 (11%)
Don't know	18 (69%)	3 (16%)
17. Do you believe your supervisor feels continuing education/training important?		
Yes	21 (79%)	13 (72%)
No	5 (21%)	5 (28%)

TABLE 17 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS CLAREMORE SERVICE UNIT

Choices	26 Allied	18 Professional
18. If available, would you take advantage of any education training opportunities to advance in your skill or profession?		
Yes	26 (100%)	18 (100%)
No		
19. If available, would you take advantage of education/training opportunities to learn more about other fields of work? What field would be your preference?		
Yes	15 (58%)	11 (61%)
No	11 (42%)	7 (39%)
20. Are you aware of any education/training opportunities that may be available at nearby colleges or universities?		
Yes	4 (15%)	10 (56%)
No	1 (4%)	2 (11%)
Don't know	21 (81%)	6 (34%)
21. What kind of continuing education/training do you prefer most? structured (lecture, planned and very formal, complete instructions); unstructured (small group discussions, informal, lots of individual thought, freedom, and discussion)		
Structured	4 (15%)	6 (34%)
Unstructured	22 (84%)	12 (66%)
22. Do you think to be effective continuing education/training must be college or university connected?		
Yes	2 (7%)	3 (16%)
No	24 (93%)	15 (83%)
23. Do you think individuals selected for continuing education/training should help finance such training?		
Yes	17 (66%)	10 (56%)
No	9 (34%)	8 (43%)

TABLE 17 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW

QUESTIONS CLAREMORE SERVICE UNIT

Choices	26 Allied	18 Professional
24. What is the maximum amount you think an individual should help pay toward the cost of continuing education/training? (Based on those answering yes to question 23).		
All the cost		
At least 3/4 the cost		
At least 1/2 the cost		
At least 1/4 the cost		
Other	17 (100%)	10 (100%)
25. Does your service unit have a standard method or procedure to select individuals for continuing education/training?		
Yes	1 (4%)	1 (6%)
No	2 (7%)	3 (16%)
Don't know	23 (89%)	14 (78%)
26. Do you consider the method of selection used by your service unit to be satisfactory? (Based on those answering yes to question 25).		
Yes		1 (100%)
No	1 (100%)	

TABLE 18

DISTRIBUTION OF RESPONSES TO ATTITUDE ITEMS CLAREMORE SERVICE UNIT

Item*	Strongly Agree		Moderately Agree		Undecided		Moderately Disagree		Strongly Disagree	
	26 Allied	18 Prof.	26 Allied	18 Prof.	26 Allied	18 Prof.	26 Allied	18 Prof.	26 Allied	18 Prof.
1.	22 (84%)	17 (94%)	4 (15%)	1 (6%)						
2.	19 (73%)	10 (56%)	6 (23%)	4 (22%)	1 (4%)	1 (6%)		3 (16%)		
3.						1 (6%)	9 (34%)	1 (6%)	17 (65%)	16 (88%)
4.	15 (56%)	13 (72%)	6 (23%)	3 (16%)	5 (21%)	1 (6%)		1 (6%)		
5.	4 (15%)	1 (6%)	3 (12%)	1 (6%)	3 (12%)	1 (6%)	7 (27%)	7 (39%)	9 (34%)	8 (43%)
6.	16 (61%)	15 (83%)	8 (31%)	2 (11%)	1 (4%)		1 (4%)			1 (6%)
7.	16 (61%)	13 (72%)	9 (34%)	4 (22%)					1 (4%)	1 (6%)
8.				2 (11%)	1 (4%)		7 (27%)		13 (69%)	16 (89%)
9.	19 (73%)	15 (83%)	6 (23%)	2 (11%)			1 (4%)	1 (6%)		
10.	1 (4%)	1 (6%)		2 (11%)		2 (11%)	6 (23%)	1 (6%)	19 (73%)	12 (66%)

*See APPENDIX VII for attitude instrument.

TABLE 18 -- Continued

DISTRIBUTION OF RESPONSES TO ATTITUDE ITEMS CLAREMORE SERVICE UNIT

Item*	Strongly Agree		Moderately Agree		Undecided		Moderately Disagree		Strongly Disagree	
	26 Allied	18 Prof.	26 Allied	18 Prof.	26 Allied	18 Prof.	26 Allied	18 Prof.	26 Allied	18 Prof.
11.						1 (6%)	13 (50%)	4 (22%)	13 (50%)	13 (72%)
12.	14 (54%)	11 (61%)	10 (38%)	5 (28%)	1 (4%)	1 (6%)	1 (4%)	1 (6%)		
13.	10 (38%)	5 (28%)	9 (34%)	3 (16%)	4 (15%)	2 (11%)	2 (8%)	4 (22%)	1 (4%)	4 (22%)
14.	18 (69%)	12 (66%)	6 (23%)	4 (22%)	1 (4%)	1 (6%)		1 (6%)	1 (4%)	
15.	17 (65%)	11 (61%)	4 (15%)	4 (22%)			4 (15%)	3 (16%)	1 (4%)	
16.	3 (12%)		2 (8%)	1 (6%)	2 (8%)		9 (34%)	7 (39%)	10 (38%)	10 (56%)
17.	22 (84%)	16 (88%)	3 (12%)		1 (4%)	1 (6%)				1 (6%)
18.			3 (12%)	2 (11%)	3 (12%)	1 (6%)	9 (34%)	5 (28%)	11 (42%)	10 (65%)
19.	13 (50%)	12 (66%)	9 (34%)	2 (11%)	4 (15%)	4 (22%)				
20.	8 (31%)	4 (22%)	7 (27%)	4 (22%)	11 (42%)	9 (50%)		1 (6%)		

*See APPENDIX VII for attitude instrument.

TABLE 19

DISTRIBUTION OF RESPONSES TO INTERVIEW QUESTIONS

TAHLEQUAH SERVICE UNIT

Choices	22 Allied	21 Professional
1. Why did you select the Public Health Service as a place of employment?		
Career opportunities	13 (59%)	10 (48%)
Interest in people	5 (23%)	2 (10%)
Friends and family ties	3 (13%)	2 (10%)
Military requirements		5 (23%)
Only place of employment	1 (5%)	
Better pay than other places		2 (10%)
Other		
2. Are you working in a supervisory capacity?		
Yes	1 (5%)	11 (53%)
No	21 (95%)	10 (48%)
3. Do you feel there should be an over all continuing education/training plan developed for each service unit and each employee within the service unit?		
Yes	22 (100%)	21 (100%)
No		
4. When was the last time you attended any type of continuing education/training activity?		
Last three months	1 (5%)	7 (33%)
Last six months	2 (9%)	6 (29%)
Last year	2 (9%)	1 (5%)
Longer than a year	9 (41%)	7 (33%)
Never	8 (36%)	
5. Of what value do you consider the education/training activities you have received in the past? (Based on those answering affirmative to question 4).		
None		
Little	1 (5%)	5 (24%)
Great	13 (95%)	16 (76%)

TABLE 19 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW QUESTIONS

TAHLEQUAH SERVICE UNIT

Choices	22 Allied	21 Professional
6. How often do you feel opportunities for continuing education/training should be made available to employees?		
Each three months	1 (5%)	2 (10%)
Each six months	3 (13%)	1 (5%)
Each year	11 (50%)	7 (33%)
Each five years		
Other	7 (32%)	11 (53%)
7. Is there any type of on the job continuing education/training plan or program developed for the total service unit?		
Yes	22 (100%)	21 (100%)
No		
8. Is there any type of on the job education/training plan or program at the service unit for your speciality group?		
Yes		6 (29%)
No	22 (100%)	15 (71%)
9. Does your service unit have an organized plan for any type of education training for personnel?		
Yes		
No	22 (100%)	21 (100%)
Don't know		
10. Has your immediate supervisor in this service unit ever discussed a plan of continuing education/training with you?		
Yes	7 (32%)	3 (14%)
No	15 (68%)	18 (86%)
11. Do you feel you have received the same, more, or less consideration for education/training opportunities than other personnel in the service unit?		
Same	17 (77%)	12 (57%)
More	1 (5%)	6 (29%)
Less	4 (18%)	3 (14%)

TABLE 19 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW QUESTIONS

TAHLEQUAH SERVICE UNIT

Choices	22 Allied	21 Professional
12. If you were interested in continuing education/training, what person in the service unit would you contact?		
Supervisor (chain of command)	20 (91%)	20 (95%)
Other	2 (9%)	1 (5%)
13. Does the area have a director of training? If yes, what is his name?		
Yes		6 (29%)
No		1 (5%)
Don't know	22 (100%)	14 (66%)
14. All things being equal, do you feel it more advantageous to go elsewhere to courses or have them presented at the service unit?		
Go to courses	2 (19%)	5 (23%)
Presented at service unit	20 (91%)	16 (67%)
15. Do you believe there are more, less, or the same opportunities for continuing education/training with the Indian Health Service compared with other government agencies?		
More	1 (5%)	2 (10%)
Less		6 (29%)
Same	21 (95%)	13 (62%)
16. How accessible do you feel education/training opportunities are to you?		
Readily available	4 (19%)	13 (62%)
None available	3 (13%)	
Don't know	15 (68%)	8 (38%)
17. Do you believe your supervisor feels continuing education/training important?		
Yes	17 (77%)	19 (90%)
No	5 (23%)	2 (10%)

TABLE 19 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW QUESTIONS

TAHLEQUAH SERVICE UNIT

Choices	22 Allied	21 Professional
18. If available, would you take advantage of any education training opportunities to advance in your skill or profession?		
Yes	20 (91%)	20 (95%)
No	2 (9%)	1 (5%)
19. If available, would you take advantage of education/training opportunities to learn more about other fields of work? What field would be your preference?		
Yes	8 (36%)	13 (62%)
No	14 (64%)	8 (38%)
20. Are you aware of any education/training opportunities that may be available at nearby colleges or universities?		
Yes	6 (27%)	13 (62%)
No	1 (5%)	3 (14%)
Don't know	15 (68%)	5 (23%)
21. What kind of continuing education/training do you prefer most? structured (lecture, planned and very formal, complete instructions); unstructured (small group discussions, informal, lots of individual thought, freedom, and discussion).		
Structured	2 (9%)	7 (33%)
Unstructured	20 (91%)	14 (67%)
22. Do you think to be effective continuing education/training must be college or university connected?		
Yes	2 (9%)	1 (5%)
No	20 (91%)	20 (95%)
23. Do you think individuals selected for continuing education/training should help finance such training?		
Yes	13 (59%)	14 (67%)
No	9 (41%)	7 (33%)

TABLE 19 -- Continued

DISTRIBUTION OF RESPONSES TO INTERVIEW QUESTIONS

TAHLEQUAH SERVICE UNIT

Choices	22 Allied	21 Professional
24. What is the maximum amount you think an individual should help pay toward the cost of continuing education/training? (Based on those answering yes to question 23).		
All the cost		1(5%)
At least 3/4 the cost		
At least 1/2 the cost	1(8%)	
At least 1/4 the cost	1(8%)	
Other	11(84%)	13(95%)
25. Does your service unit have a standard method or procedure to select individuals for continuing education/training?		
Yes		1(5%)
No	3(13%)	4(19%)
Don't know	19(87%)	16(76%)
26. Do you consider the method of selection used by your service unit to be satisfactory? (Based on those answering yes to question 25).		
Yes		1(100%)

TABLE 20

DISTRIBUTION OF RESPONSES TO ATTITUDE ITEMS TAHLEQUAH SERVICE UNIT

Item ^a	Strongly Agree		Moderately Agree		Undecided		Moderately Disagree		Strongly Disagree	
	21 ^b Allied	21 Prof.	21 ^b Allied	21 Prof.	21 ^b Allied	21 Prof.	21 ^b Allied	21 Prof.	21 ^b Allied	21 Prof.
1.	16 (77%)	18 (86%)	5 (23%)	3 (14%)						
2.	11 (53%)	12 (58%)	5 (23%)	5 (23%)		1 (5%)	3 (14%)	2 (10%)	2 (10%)	1 (5%)
3.	1 (5%)		1 (5%)						19 (90%)	21 (100%)
4.	10 (48%)	14 (67%)	8 (38%)	5 (23%)	1 (5%)		2 (10%)			2 (10%)
5.	4 (19%)	1 (5%)	3 (14%)	1 (5%)	2 (10%)	3 (14%)	7 (33%)	7 (33%)	5 (23%)	9 (43%)
6.	15 (70%)	19 (90%)	6 (29%)	2 (10%)						
7.	13 (62%)	17 (81%)	5 (23%)	4 (19%)	1 (5%)		2 (10%)			
8.	4 (19%)	1 (5%)	3 (14%)	1 (5%)	1 (5%)		3 (14%)	3 (14%)	10 (48%)	16 (77%)
9.	16 (76%)	12 (58%)	3 (14%)	7 (33%)		1 (5%)	1 (5%)	1 (5%)	1 (5%)	
10.	1 (5%)	1 (5%)	2 (10%)			1 (5%)	4 (19%)	5 (23%)	14 (67%)	14 (67%)

^aSee APPENDIX VII for attitude instrument.^bOne person was unable to complete attitude instrument.

TABLE 20 -- Continued

DISTRIBUTION OF RESPONSES TO ATTITUDE ITEMS TAHLEQUAH SERVICE UNIT

Item ^a	Strongly Agree		Moderately Agree		Undecided		Moderately Disagree		Strongly Disagree	
	21 ^b Allied	21 Prof.	21 ^b Allied	21 Prof.	21 ^b Allied	21 Prof.	21 ^b Allied	21 Prof.	21 ^b Allied	21 Prof.
11.		1 (5%)	3 (14%)		2 (10%)	2 (10%)	7 (33%)	5 (23%)	9 (43%)	13 (62%)
12.	13 (62%)	13 (62%)	7 (33%)	6 (29%)			1 (5%)	2 (10%)		
13.	7 (33%)	2 (10%)	4 (19%)	5 (23%)	7 (33%)	8 (38%)	2 (10%)	4 (19%)	1 (5%)	2 (10%)
14.	13 (62%)	14 (67%)	5 (23%)	7 (33%)	1 (5%)		2 (10%)			
15.	6 (29%)	16 (76%)	5 (23%)	2 (10%)	3 (14%)		2 (10%)	2 (10%)	5 (23%)	1 (5%)
16.	1 (5%)		5 (23%)		1 (5%)	1 (5%)	7 (33%)	4 (19%)	7 (33%)	16 (77%)
17.	17 (81%)	20 (95%)	3 (14%)	1 (5%)	1 (5%)					
18.		3 (14%)	4 (19%)	6 (29%)	3 (14%)	2 (10%)	8 (38%)	3 (14%)	6 (29%)	7 (33%)
19.	14 (67%)	14 (67%)	7 (33%)	5 (23%)		2 (10%)				
20.	8 (38%)	2 (10%)	5 (23%)	7 (33%)	6 (29%)	8 (38%)	2 (10%)	2 (10%)		2 (10%)

^aSee APPENDIX VII for attitude instrument.^bOne person was unable to complete attitude instrument.