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A study to determine the role of the head nurse in the basic collegiate nursing student's clinical experience.

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A STUDY TO DETERMINE THE ROLE OF THE HEAD NURSE
IN THE BASIC COLLEGIATE NURSING STUDENT'S
CLINICAL EXPERIENCE

by

Vera Donovan

(B.S., Duquesne University, 1947)

A field study submitted in partial
fulfillment of the requirements
for the Master of Science Degree
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Boston University
August, 1956

First Reader: ____________________________
Eva Schadt

Second Reader: ____________________________
Helen Thumm

Helen Thumm
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CHAPTER I

INTRODUCTION

When a collegiate school of nursing must affiliate with a hospital to provide clinical experiences for its nursing students, and there is an overlapping of the educational program with the nursing service program of the hospital, there is presented to the school, the difficult problem of maintaining educational control of its students.¹

In recent years, university schools of nursing have employed clinical instructors² as assurance that the students' clinical experience is in keeping with the educational objectives of the university.

Hospitals, on the other hand, employ a head nurse, and place her in charge of a specific unit, to insure nursing service to the patients.

The basic collegiate nursing student enters the clinical division, and is confronted with the head nurse, a nursing service authority, and the collegiate clinical instructor, an educational authority. Caught in the web of service and education, and cognizant of the fact that the clinical experience is

¹National League of Nursing Education, A Guide for the Organization of Collegiate Schools of Nursing, p. 15.
²Gowan, Sister Oliva M., "The Relation of the Education Unit in Nursing to the General Organization and Administration of the College", The Nursing Program in the General College, p. 55.
an educational experience only, both the head nurse and collegiate nursing student are likely to be exposed to an uncertain relationship.

Statement of the Problem

This study was undertaken to determine the role of the head nurse in the basic collegiate nursing student's clinical experience.

Specifically, the study seeks to answer the following questions:

1. During the clinical experience
   a. what kind of information is offered to, or sought of the head nurse, by the basic collegiate nursing students, and
   b. what kind of information is offered to, or sought of the basic collegiate nursing students, by the head nurse?

2. What are the opinions of the head nurse and the basic collegiate nursing students regarding their inter-relationship, as it presently exists?

An analysis of the contacts between the head nurse and the students, plus the opinions of these individuals concerning their responsibilities to each other, will aid in the clarification of the head nurse's role in the collegiate student's clinical experience. Recommendations can then be made, which would aid in promoting better relations between the head nurse and the collegiate student in the future.
Scope and Limitations

This study was undertaken in a large general hospital, which conducts a school of nursing offering a diploma in nursing.

Thirty-two collegiate nursing students, from two institutions of higher learning, were accepted at this hospital for a variety of clinical experiences, under a combined program, but separate from the diploma program. At the time of the study, the collegiate students were receiving their clinical experience in surgical nursing, which included general surgery, orthopedic and gynecological nursing. The investigation was conducted in two general surgical and two orthopedic clinical divisions. In addition to a head nurse in charge of each division, there was also an assistant head nurse in each of the general surgical divisions.

During the surgical nursing experience on the wards, the students were assigned for a correlated observation or work experience in various areas such as, diet kitchen, and general surgical, tumor, gynecological, genito-urinary, and orthopedic out-patient clinics. Consequently, the hours for student experience were varied and individually arranged. As an example, the schedule for three students on one day follows:

<table>
<thead>
<tr>
<th>Student A</th>
<th>Ward B</th>
<th>8:00 A.M.-12:00 P.M.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Orthopedic Clinic</td>
<td>1:00 P.M.- 4:00 P.M.</td>
</tr>
<tr>
<td>Student B</td>
<td>Urology Clinic</td>
<td>9:45 A.M.-12:30 P.M.</td>
</tr>
<tr>
<td></td>
<td>Ward B</td>
<td>1:00 P.M.- 5:00 P.M.</td>
</tr>
</tbody>
</table>
Because of this, the time for the investigation was limited to selected morning and early afternoon hours.

Three clinical instructors were responsible for the clinical education of the total thirty-two students. However, since this study was concerned with head nurse-collegiate nursing student relationships only, the contacts between the clinical instructor and student, and clinical instructor and head nurse were eliminated, and the investigation deals only with verbal contacts between the head nurse and/or assistant head nurse and collegiate nursing students.

Any communication at morning conference, and at the reports given when coming to or leaving the units, was considered too obvious and non-specific for this investigation. All other verbal contact was considered.

In a study of human inter-action, such as this is, individual personalities must be considered as a limiting factor.

Definition of Terminology

To facilitate reading, the following clarification of phraseology is adopted for this study:

Collegiate school of nursing. Throughout the study this phrase is used interchangeably with "university school of nursing", to distinguish the educational program which offers a broad general educational background from the diploma program.
Collegiate nursing student. This phrase is descriptive of the nursing student who is receiving a baccalaureate degree in addition to a diploma in nursing, as opposed to the nursing student of the three year school of nursing. The programs of the particular students participating in the study will be described in the chapter on methodology.

Clinical division. The term is used interchangeably with "clinical unit" and "ward unit", to distinguish a specific area from the whole clinical area of the hospital.

Administrative aspects. In the course of the study, this phrase is related to that phase of the head nurse's duties pertaining to management of her specific unit, such as, the planning of work and time schedules, supervision of nursing care of the patients, and maintenance of a favorable environment.

Communication. This term, as used in the study, pertains to the inter-change of information by speech only — that which is said.

The writer is certain that readers must be tiring of the phrases "basic collegiate nursing students" and "head nurses and assistant head nurses". Therefore, throughout the remainder of the study, the term students will refer to the former, and head nurses will refer to the latter, except when each is written fully to emphasize meaning.
Overview of Methodology

The investigator observed and recorded the verbal communication between the head nurses and students, on selected days, for a period of ten weeks. At the conclusion of the observation period, an interview was held with each head nurse and assistant head nurse, to procure their views regarding the responsibilities of the head nurse to the collegiate nursing students. Group interviews were held, one each with five groups of students, to obtain opinions concerning their responsibilities to the head nurse.

Summary of Presentation

Chapter II deals with the theoretical framework of reference for the study, and includes a review of the related literature. Chapter III consists of a detailed consideration of the methodology. In Chapter IV, the data will be presented and analyzed. A summary, conclusions and recommendations based on the study will be presented in Chapter V.
CHAPTER II

THEORETICAL FRAMEWORK OF REFERENCE

The collegiate school of nursing that does not have its own hospital, must affiliate with, or contractually "buy" clinical areas from other hospitals, to provide educative experiences for its students. These experiences are necessary, to afford for the student, the opportunity to integrate classroom theory and to apply the principles she has learned to actual nursing situations. It is of prime importance however, that these learning experiences be for the purposes of education only. Brown states this very clearly.

The university school should enter into relations with other institutions exclusively to obtain necessary clinical laboratories, not to help provide nursing service for patients.\(^1\)

The university or college is primarily concerned with education of the student. The hospital is primarily concerned with service for its patients, and one aspect of this service is nursing care. It becomes obvious that there must be complete understanding between the school and hospital concerning the functions of each.

The supervision and selection of personnel engaged

\(^1\)Heidgerken, Loretta, *Teaching in Schools of Nursing*, p. 219.

exclusively in giving nursing care, is clearly a hospital
function. The selection of students, the curriculum which its
students follow, and the selection of faculty to administer the
curriculum, is clearly the function of the university. It is
in the clinical division, where the collegiate nursing student
receives the opportunity to analyze nursing care problems and
thus, expectantly learn to give nursing care, that the great-
est problem regarding the specificity of functions is presented.
Here is where nursing service and nursing education personnel
are placed together in a working situation. Their fusion, so
often theorized, must now be realized. If their roles are not
interpreted clearly, confusion, rather than unity, prevails.

The hospital employs the head nurse, who is responsible
for all activities on her specific unit, regardless of who
performs these activities. Charged with the education of the
collegiate nursing students, the university often employs a
clinical instructor. This faculty member enters the ward unit
in the hospital with the students, and it becomes her responsi-
bility to guide and direct the learning experiences of the
collegiate nursing students. She should "plan and carry out
the clinical courses in the ward and should be responsible for
the ward instruction program, the supervision of students on

3 National League of Nursing Education, A Guide for the
Organization of Collegiate Schools of Nursing, p. 15.

4 Jensen, D.M., Clinical Instruction and Its Integration
in the Curriculum, p. 103.
the clinical division, and the assignment of students to patient care." The functions are unquestionably geared to education of the student and not to nursing service. Ideally, she should perform her duties in one specific unit, but often, students are assigned to several different divisions for their clinical experience. In the limited experience of this writer as a collegiate medical and surgical clinical instructor, the latter statement has been found to be true.

Some basic assumptions for purposes of this study are therefore:

1. that the clinical experience for the collegiate student of nursing is an educational experience only;
2. that the university provides its own clinical instructor or instructors to guide the learning experiences of the collegiate nursing students;
3. that the university clinical instructor is responsible for the education of collegiate nursing students on two or more different divisions, and is therefore, not always immediately available for any direct guidance the student might need;
4. that the collegiate nursing student accepts, without

5Gowan, Sister Oliva M., "Patient - Centered Nursing" The Dynamics of Clinical Instruction in Nursing Education, p. 34.

6Cafferty, Kathryn, "The Framework and Structure of Clinical Instruction Programs", The Dynamics of Clinical Instruction in Nursing Education, pp. 42, 43.
reservation, the university clinical instructor as her educational authority;

5. that the collegiate nursing student views the head nurse as a nursing service authority.

It seems propitious at this point, to examine the goal of collegiate nursing education. With respect to this goal, Bridgman offers the following statement:

The National League of Nursing Education and the Association of Collegiate Schools of Nursing have agreed that the baccalaureate program in nursing should prepare for first-level staff positions in nursing service. This means, of course, that collegiate nursing students are being prepared to give nursing care to patients. However, in Collegiate Education for Nursing, the author explains the enlarged responsibilities of nursing today, such as, additional clinical responsibilities, supportive nursing care, participation in an "inclusive health program", supervision of auxiliary personnel, and very often, leadership of the nursing team. The graduate of the collegiate school of nursing is expected to assume these responsibilities, and her educational experiences must be directed to achieving this objective.

It seems to this writer, that the pendulum in nursing education today, has swung from the stress on development of technical skills, to the stress on nurse-patient relationships.

7 Bridgman, Margaret, Collegiate Education for Nursing p. 122.
8 Ibid., pp. 27-38.
There can be presented no argument against the importance of a patient-centered instructional program; that is, one which aids the student in developing the abilities to recognize and plan for caring for all the needs of individual patients. However, it would seem that, in emphasizing the nurse-patient relationships only, there is danger in removing the student from the total situation — one in which she will be expected to function in the future as a graduate nurse. In truth, the nursing student must "develop sound judgment, ability to communicate ideas, desirable social attitudes, good interpersonal relationships". This writer believes that the student must develop all these not only in relation to her patient, but also, in relation to her co-workers, whether they be professional of non-professional members. The investigator is in complete agreement with the following statement by Bixler:

"It ... becomes important to aid the student in becoming acquainted with the varied problems she is likely to meet when she begins to practice nursing."

The word "varied" is the key term in this statement, and is all inclusive. The clinical experience must meet the needs of the student and one of these needs is certainly, the opportunity to learn how to function effectively in the total ward situation. She can only do this by being a part of the ward team.

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9National Nursing Accrediting Service, Manual of Accrediting Educational Programs in Nursing, p. 33.

10Bixler, R.W. and Bixler, G.K., Administration for Nursing Education, p. 181.
Furthermore, by being a real member of the ward team, other ward personnel -- medical staff, graduate nurses, other students, ancillary personnel -- will accept her as such, and an atmosphere of free communication can be created, with all persons benefiting including the patient.

The head nurse is responsible for the effective administration of all personnel and activities on her unit. It is obvious then that all members of the ward, recognize her as an administrative authority. However, the writer believes that the administrative portion of nursing is also one aspect of the clinical education -- one which the clinical instructor cannot meet because she herself does not assume the administrative activities of the ward as her responsibility. Because of this, the writer believes that the collegiate nursing student and the head nurse have an educational relationship in this respect. Therefore, for any questions concerning ward routines or ward policies, both the student and head nurse should have the freedom of expressing themselves to each other, or seek information from each other, as they are both members of a ward unit striving to give good nursing care to the patients. The student can only plan effectively for meeting the needs of the patient, if she knows activities which are routine to the ward. The head nurse can only manage her unit effectively to insure nursing care for all patients, if she knows the activities of all the personnel on her unit, including the collegiate nursing students.
Because of the inability of the clinical instructor to be on many wards at the same time, both the head nurse and student should have free lines of communication for expressing or questioning any aspects of total patient care. The person who guides the student in giving patient care, must be familiar with the individual needs of the patient. Ideally, as was stated before, there should be a clinical instructor in every clinical unit and she could then become familiar with patient needs. But in present day circumstances, this is not so, and the student must have some knowing and experienced person from whom she can seek aid. The true head nurse serves in this educational capacity also.

To recognize the head nurse as a part of the collegiate students' clinical education and yet separate her from the students' program, is an error, and grossly unfair. It cannot be expected that she will display interest and active participation, if she believes herself to be divorced from the students' clinical activity. It is necessary then, in the opinion of the writer, for the head nurse to be recognized by university faculty on some definite basis. Whether it be through faculty rank or committee membership, she is definitely entitled to a voice in the educational clinical experience of the collegiate nursing students on her clinical unit. In support of this cooperative plan, the writer presents Stewart's statement:

Experience has shown that when loyalty and cooperation are given voluntarily and based on
shared purposes and common understandings the total results are better for all concerned.\textsuperscript{11}

In the study, \textit{Ten Thousand Nurse Faculty Members}, it was stated that "such dual responsibility promotes the necessary cross fertilization of ideas between nursing services and the educational programs which prepare for these services."\textsuperscript{12}

By surrounding nursing service personnel with an educational atmosphere which is truly a cooperative one, this writer believes that there will result a stimulation for more education on the part of all individuals involved. Then nursing education will be making a sincere contribution to the common goal of quality nursing care for the patient.

It is the belief of the investigator that the basic collegiate nursing student looks to the head nurse for direction and guidance in problems concerning ward routines and/or policies, as well as many of the aspects of total patient care. It is also believed that the head nurse, because she is responsible for all the activities on her ward, finds it necessary to communicate with the student concerning these same areas of activity. Thus is she contributing to the student's education. Furthermore, because the head nurse represents nursing service and the collegiate student represents nursing education, neither are secure in their relationships with each other.

\textsuperscript{11}Stewart, Isabel, \textit{The Education of Nurses}, p. 320.

\textsuperscript{12}Ten Thousand Nurse Faculty Members, p. 10.
Review of the Related Literature

As the investigator reviewed the literature pertaining to the head nurse's role in the clinical experience, it became apparent that, although the functions of the clinical instructor were defined many times, the role of the head nurse was stated in broad and often, vague terms. The indirect teaching by example and the influencing of attitudes that is inevitably done by the head nurse, merely by the actions she performs in her position, cannot be disputed.

Brown states,

The head nurse, by virtue of the fact that she is directly responsible for maintaining the standard of care for patients, influences markedly the standard of practice of the student nurse.¹³

Further she maintains,

Through the observation of a successful head nurse and with the aid of carefully planned hints from her, students will learn self-assurance and poise and develop, early in their experience, a sense of responsibility to all patients on the division.¹⁴

Cafferty points out that, "she is in a position to inculcate desirable attitudes in students toward their patients, toward their professional ethics and toward their relationships with co-workers."¹⁵ The Head Nurse at Work reports that, "much of the head nurse's teaching is done indirectly throughout the

¹³Brown, A.F., Clinical Instruction, p. 11.
¹⁴Ibid., p. 33.
¹⁵Cafferty, op. cit., p. 44.
the day by example, suggestion and explanation." 16

This writer found no evidence of definition of the head nurse's role in the collegiate program other than the following:

The proper status of the head nurse is not so clear. As a rule, she is not primarily concerned with instruction, and yet she is a very important person in the educational program. 17

This statement was made in relation to faculty, and admits she has a role, however, indefinite.

It is evident that some head nurses and supervisors are recognized as faculty. The study Ten Thousand Nurse Faculty Members 18 reported that, in fully accredited basic collegiate schools of nursing, sixty-one percent of the instructors were part-time, and fifty-four percent were full time. Part-time faculty in this study, included persons who serve only part time in educational programs, chiefly those who hold dual service and educational positions. However, it was not determined whether these were part-time in addition to a full-time clinical instructor.

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16 The Head Nurse at Work, p. 37.
17 National League of Nursing Education, op. cit., p. 17.
18 Ten Thousand Nurse Faculty Members, op. cit., p. 47.
CHAPTER III

METHODOLOGY

To determine the role of the head nurse in the basic collegiate nursing student's clinical experience, it seemed most logical to observe the contacts between the head nurse and the students, and record the essence of those contacts. This was done as they performed their respective nursing duties in a typical working situation. Further than this, the investigator felt it was significant to the study, to obtain the opinions of both the head nurses and students, regarding the extent to which they felt their inter-relationship existed. The interview was the tool used to obtain this data.

The investigator first met with the Associate Director of Nursing Service of the hospital, and then later with the individual in charge of the combined clinical experience for the students of both schools. The purposes and procedure of the study were discussed at these meetings, and permission was granted to the writer to become a non-participant observer and recorder on the clinical divisions, and to interview both students and head nurses.

It was then necessary to choose specific clinical units on which collegiate nursing students, head nurses, and clinical instructors would be working together, so that the most typical situation would be available for the study. A conference was held with one of the clinical instructors to obtain this
information. At the beginning of the study, the students were located in Wards A and B (both general surgical wards) and in the Operating Room. Wards A and B were chosen as the first observation points. Midway through the study, the students' clinical experience assignments were rotated to include other clinical divisions. It was decided to continue the study on Wards C and D, as all the students would eventually come to these divisions during the remainder of the observation period.

It was evident that "shadowing" the head nurse would be the best procedure for recording and observing the intercommunication between the head nurse and students. The head nurse's station was centrally located on all the involved units. Wards A and B were on two different floors but their design was identical. Each consisted of three wings for patient care. The head nurse's desk, clinical records, and the medicine closet were all in the same area -- just off one of the wings. To contact any personnel, excepting the ward secretary, the head nurse would have to leave her desk and go to them, or the personnel would have to leave their stations and come to her. Wards C and D were together on the same floor. The same design existed as for Wards A and B, except that what would be one of the wings on A or B was actually Ward D, and the remainder was Ward C. The head nurse's desk and clinical records were located midway in the corridor on one side, and the medicine closet was just about directly opposite on the other side of the corridor. Contacting personnel would be done
in the same manner as on Wards A and B.

Previous to the observation period, the entire group of thirty-two students met with the writer. Inasmuch as it is recognized that there is no standardization of programs in collegiate schools of nursing, the writer feels it is necessary to describe the programs of the students participating in this study. Twenty-eight of the students are pursuing a five year program, at the end of which they receive a Bachelor of Science degree and a Diploma in Nursing. The remaining four students are in a six year program. At the end of the fourth year, they receive a baccalaureate degree in liberal arts, and at the end of the sixth year, they receive a Diploma in Nursing. The last two years of both programs are devoted to the clinical experience. The students from both institutions enter the hospital under a combined program, arranged to provide the clinical instruction and practice necessary for the Diploma in Nursing. At the time of the study, the total thirty-two students were engaged in this common clinical experience, and are considered therefore, throughout the study, as one group of basic collegiate nursing students. Previously, they had received their medical nursing experience, and were now in the midst of receiving their surgical nursing experience. At the conference with the students, the investigator informed the entire group about the purpose of the study and the tools to be used. The meeting was arranged by the clinical instructors, who allowed time from formal class hours.
Later on, head nurses and assistant head nurses participating in the study, were individually informed of the purpose and procedure of the investigation. All participants were given the opportunity to ask any questions they desired.

The Observation and Recording Period

At the conference with the clinical instructor, it was learned that the experience hours for the students were individually arranged, on a weekly basis. Arrangements were made for the writer to obtain this information weekly. Although there were regular hours for formal classes, no consistent pattern prevailed for hours of practice. The investigator was faced with the problem of trying to arrange observation hours within her own schedule, which would coincide with the hours that the head nurses and students were at work in the clinical units. An example of one day's schedule on one division follows:

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 student</td>
<td>7:00 A.M.-2:30 P.M.</td>
</tr>
<tr>
<td>1 student</td>
<td>7:00 A.M.-3:30 P.M.</td>
</tr>
<tr>
<td>1 student</td>
<td>8:00 A.M.-12:00 Noon</td>
</tr>
<tr>
<td>1 student</td>
<td>1:00 P.M.-5:00 P.M.</td>
</tr>
<tr>
<td>1 student</td>
<td>4:00 P.M.-5:00 P.M.</td>
</tr>
<tr>
<td>Head Nurse</td>
<td>10:00 A.M.-7:00 P.M.</td>
</tr>
<tr>
<td>Assistant Head Nurse</td>
<td>7:00 A.M.-3:30 P.M.</td>
</tr>
</tbody>
</table>

The investigator observed from 9:00 A.M. until 3:30 P.M. on this day, as these seemed to be the hours when most of this staff would be working together, and also when the writer's time was available. The schedule of hours changed from day to
day, and no attempt was made to alter the situation. Also, no attempt was made to follow any one particular student in her contacts. The investigator did endeavor however, to equal the total number of observation hours on Ward A to Ward B, and on Ward C to Ward D. In recording contacts, the investigator noted by whom the contact was initiated, and considered the head nurse and assistant head nurse as one person, assuming that if the assistant head nurse were not there, these contacts would be made of or by the head nurse, and vice versa. Table I shows the number of hours, students, and head nurses that were observed on each ward unit.

It must be noted here, that the clinical instructor assigned the patients for whom the students cared. One can assume that they supervised as much of the nursing care given by the students on the wards, as was possible. As was previously mentioned, students had other experiences correlated with the ward experience. The clinical instructors often went with the students to the various clinics, or attended meetings. The availability of the clinical instructor, to the students on the wards, was lessened by these responsibilities. However, a telephone number, at which they could be reached, was usually placed on the assignment sheet.

As the observation period began on Ward A, the recorder learned that there existed on this ward, a modified team plan. A graduate nurse was responsible for patient care on each of the three wings. The possibilities of students contacting the
TABLE 1. NUMBER OF HEAD NURSE AND STUDENT PERSONNEL AND HOURS OBSERVED ON EACH WARD UNIT

<table>
<thead>
<tr>
<th>Ward Unit</th>
<th>Head Nurse Personnel</th>
<th>Student Personnel</th>
<th>Hours Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>2</td>
<td>8</td>
<td>16.0</td>
</tr>
<tr>
<td>B</td>
<td>2</td>
<td>9</td>
<td>19.5</td>
</tr>
<tr>
<td>C</td>
<td>1</td>
<td>23</td>
<td>15.5</td>
</tr>
<tr>
<td>D</td>
<td>1</td>
<td>20</td>
<td>12.5</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>60</td>
<td>63.5</td>
</tr>
</tbody>
</table>
team leaders, rather than the head nurse was recognized, but, nevertheless, the investigator recorded only those contacts between the student and the head nurse.

In these locales and under these conditions, direct non-participant observation and recording occurred.

The Interview

To augment the objective data, the investigator conducted twenty to thirty minute, open-end interviews with the head nurses and students. The question asked the students was:

"What do you feel your responsibilities are to the head nurse?"

The question asked of the head nurses was:

"What do you feel the head nurse's responsibilities are to the basic collegiate nursing students?"

In addition to this information, both head nurses and students were asked if they had any suggestions to make regarding their existing inter-relationship.

The data obtained from these interviews would, of course, be subjective, but it was felt that real feelings would possibly support or negate the objective data.

Arrangements were made with the participating personnel to conduct these interviews on off-duty time. Those with the head nurses occurred immediately after lunch and before they reported back to their units, or immediately after the end of their working day. In arranging student interviews, the writer considered the fact that the entire group of thirty-two
students were to leave the hospital soon for affiliations elsewhere; that free time for students is at a minimum; that the students were familiar with each other, with the investigator, and with group discussion techniques; therefore, it was decided to conduct group interviews. Fortunately, all students had a common two hour free period on one same day. This permitted the arrangement of six group interviews at twenty minute intervals; The investigator arrived at the following grouping:

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Students</th>
<th>Institution Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I</td>
<td>four students</td>
<td>representing one institution</td>
</tr>
<tr>
<td>Group II</td>
<td>six students</td>
<td></td>
</tr>
<tr>
<td>Group III</td>
<td>five students</td>
<td>total twenty-eight representing the other institution.</td>
</tr>
<tr>
<td>Group IV</td>
<td>five students</td>
<td></td>
</tr>
<tr>
<td>Group V</td>
<td>six students</td>
<td></td>
</tr>
<tr>
<td>Group VI</td>
<td>six students</td>
<td></td>
</tr>
</tbody>
</table>

An unfortunate incident occurred, in that the room assigned for the interviews was found to be locked, and ten to fifteen minutes were lost at the onset of the two hour period, while the key was found. This set the scheduled groups back, so that it was decided to combine Groups III and IV, consisting of five students each, and resulting in one group of ten students. The interviewer and students were seated in a circular arrangement; the interviewer presented no threat to the students; the discussion was free and active; so that the investigator feels that the above occurrence was minor and
insignificant to the results of the interview data.
CHAPTER IV

THE PRESENTATION AND ANALYSIS OF DATA

The observed and recorded data will be presented first; the interview data will be presented second; and a discussion and interpretation of the findings will be presented third.

The Observed and Recorded Data

A total of 182 contacts between students and head nurses were recorded by the observer. When the data were studied to determine the basis or reason for the contacts, it was found that the contacts related to one of the following: patient care activities, ward activities, or student assignment. Accordingly, all of the contacts were classified into three categories:

1. Patient Care Activities - which include all contacts dealing with nursing activities directly related to nursing care of the patient, such as, information regarding new orders, information regarding the management of the care of the patient at that time, information regarding the discharge of the patient, or general information regarding patient care.

Examples of such contacts observed by the investigator follow:

Student: "Does Mr. S. get any more I.V. fluids?"
Head Nurse: "That's the only one he's going to get."

Student: "The doctor said to take the shock blocks down. Her blood pressure is down."
Head Nurse: "Better put them on again."

Student: "Is this all she has? She must have had some clothes."

Head Nurse: "She may have come in by ambulance. Would you check with her and see if that's all she has. I'll call the nursing home."

Student: "I'll have her sign this anyway."

Student: (Looking at X-ray) "Is that a spiral fracture?"

Head Nurse: "I guess you might call it a comminuted fracture."

2. Ward Activities - which include any contacts related to ward policies and/or routines, or information regarding supplies or equipment. Examples of observed contacts such as these follow:

Student: "They usually give the insulin about 11:30 here don't they?"

Head Nurse: "Yes."

Student: "Where do you keep the testosterone here?"

Head Nurse: "In the refrigerator -- it'll be thick."

3. Student Assignments - which includes contact related to the student assignments already made by the clinical instructor, such as, checking hours and duties, or information regarding a change in that assignment. Examples of such contacts observed by the investigator follow:

Student: "Is her special nurse coming in?"

Head Nurse: "She isn't having a special nurse so you'd better do her."

Head Nurse: "I think you'd better go out to the other wing because Miss C is doing a mastectomy"
dressing and none of the treatments are done yet."

To check for reliability, twenty-one examples of contacts were selected at random by the investigator. A graduate nurse was then asked to classify these examples, using the categories just presented. Fifteen of the twenty-one classifications done by the graduate nurse coincided with the investigator's classification, and a seventy-five percent agreement was produced.

It was generally observed on all ward units, that the student or head nurse rarely left their respective stations for the specific purpose of contacting each other. Rather, communication occurred when the head nurse was making ward rounds, or when both happened to be in any same area of the ward.

Of the total 182 contacts, 55% are concerned with patient care activities, 29% are in regard to ward activities, and 16% are related to student assignment. See Table 2. Although students as a group initiated more of the total number of contacts than the head nurse, it was found that the average number of contacts initiated per head nurse is much greater than that initiated per student in each category. See Table 3. One would expect administrative personnel to initiate more contacts than non-administrative personnel, and this the findings indicate. Table 3 also indicates that the most frequent contacts between head nurse and student were for the purpose of discussing patient care. Those initiated by the head nurse
### TABLE 2. PERCENT OF TOTAL CONTACTS IN EACH CATEGORY

<table>
<thead>
<tr>
<th>Category</th>
<th>Initiated by Students</th>
<th>Initiated by Head Nurses</th>
<th>Total Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number Percent</td>
<td>Number Percent</td>
<td>Number Percent</td>
</tr>
<tr>
<td>Patient Care</td>
<td>61 34</td>
<td>39 21</td>
<td>100 55</td>
</tr>
<tr>
<td>Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward Activities</td>
<td>42 23</td>
<td>11 6</td>
<td>53 29</td>
</tr>
<tr>
<td>Student Assignment</td>
<td>4 2</td>
<td>25 14</td>
<td>29 16</td>
</tr>
<tr>
<td>Total</td>
<td>107 59</td>
<td>75 41</td>
<td>182 100</td>
</tr>
</tbody>
</table>
TABLE 3. AVERAGE NUMBER OF CONTACTS PER STUDENT AND PER HEAD NURSE IN EACH CATEGORY

<table>
<thead>
<tr>
<th>Category</th>
<th>Contact Per Head Nurse</th>
<th>Contact Per Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care Activities</td>
<td>6.50</td>
<td>1.01</td>
</tr>
<tr>
<td>Ward Activities</td>
<td>1.80</td>
<td>0.70</td>
</tr>
<tr>
<td>Student Assignment</td>
<td>4.20</td>
<td>0.07</td>
</tr>
</tbody>
</table>
were six times greater than those initiated by the student. The second most frequent contacts initiated by the students were in the category of ward activities, and least frequent were in the category of assignment. The order of frequency in head nurse contacts is the reverse. Second in importance for head nurse-initiated contacts were in the category of student assignment, and the least important were in the category of ward activities. Considering the positions of the head nurse and students on a ward unit, the findings are logical. A head nurse certainly has less need to contact personnel to obtain information concerning her own ward unit than does the student who may be having her first experience there. Students, since their assignments are planned by the clinical instructor, would have less need for information regarding assignments than would the head nurse, who is concerned with effectively managing her unit.

In relation to information sought Table 4 indicates that, the proportion of information sought by the students is larger than that sought by the head nurse in the categories of patient care and ward activities, and about equal in the category of assignments. That is, in relation to information sought regarding patient care,

\[
\begin{align*}
\text{student contacts to seek in patient care, or, } & \quad 0.750 \\
\text{all student contacts in patient care} & \quad 1.010
\end{align*}
\]

is larger than,

\[
\begin{align*}
\text{head nurse contacts to seek in patient care, or, } & \quad 2.500 \\
\text{all head nurse contacts in patient care} & \quad 5.500
\end{align*}
\]
### TABLE 4.
**AVERAGE NUMBER OF CONTACTS PER STUDENT AND PER HEAD NURSE TO SEEK AND GIVE INFORMATION IN EACH CATEGORY**

<table>
<thead>
<tr>
<th>Category</th>
<th>Sought *</th>
<th></th>
<th>Given **</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per</td>
<td>Per</td>
<td>Per</td>
<td>Per</td>
</tr>
<tr>
<td></td>
<td>Student</td>
<td>Head Nurse</td>
<td>Student</td>
<td>Head Nurse</td>
</tr>
<tr>
<td>Patient Care</td>
<td>0.750</td>
<td>2.500</td>
<td>0.260</td>
<td>4.000</td>
</tr>
<tr>
<td>Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward Activities</td>
<td>0.680</td>
<td>0.500</td>
<td>0.010</td>
<td>1.300</td>
</tr>
<tr>
<td>Student Assignments</td>
<td>0.033</td>
<td>2.000</td>
<td>0.033</td>
<td>2.200</td>
</tr>
</tbody>
</table>

* Sought refers to any contact initiated to receive information.

** Given refers to any contact initiated to direct or inform.
In relation to information sought regarding ward activities, students seek more information than head nurses seek. That is,

\[
\frac{\text{student contacts to seek in ward activities}}{\text{all student contacts in ward activities}} = 0.680
\]

is larger than,

\[
\frac{\text{head nurse contacts to seek in ward activities}}{\text{all head nurse contacts in ward activities}} = 0.690
\]

In relation to information sought regarding assignments, students and head nurses seek about an equal amount of information. That is,

\[
\frac{\text{student contacts to seek in assignments}}{\text{all student contacts in assignments}} = 0.033
\]

is about equal to,

\[
\frac{\text{head nurse contacts to seek in assignments}}{\text{all head nurse contacts in assignments}} = 0.033
\]

Conversely, if students seek more information than head nurses in the categories of patient care and ward activities, head nurses will give more information than students in these same categories. Also, if the proportion of information sought by students in relation to assignments, is equal to that sought by the head nurse, head nurses will give an equal amount of information as students, in the category of student assignments.

To seek information implies the need for knowing more. On the other hand, to give information implies the need to direct or share. In the categories of patient care and ward activities, the results are reasonable. It is expected that
the head nurse would have more information related to these activities than the student, and that therefore, the student would seek information from the head nurse, and the head nurse would give information. It is however, surprising that the proportion of student and head nurse contacts to seek information should be so nearly equal in the category of student assignments. One would expect that the proportion of information sought would be greater in the head nurse group, rather than equal with the student. The facts suggest that, even though student assignments are made out by the clinical instructor, the head nurse is recognized by both students and head nurses, as the person in charge of the unit in which they are working. Therefore, there is still the need to contact each other to either check or question assignments, or make some change in that assignment.

Table 5 shows the average number of contacts per student and per head nurse initiated to either seek or give information in each category, on each ward unit. It is readily seen that on Ward A, students are most concerned with ward activities, and head nurses are most concerned with student assignments. In relation to the information sought by students, the proportion of information sought regarding ward activities is larger on Ward A, than the proportion of information sought by all students regarding ward activities. That is,

\[
\text{student contacts to seek in ward activities on A} \\
\text{all student contacts to seek on A}
\]
TABLE 5. AVERAGE NUMBER OF CONTACTS PER STUDENT AND PER HEAD NURSE TO SEEK AND GIVE INFORMATION IN EACH CATEGORY ON EACH WARD UNIT

<table>
<thead>
<tr>
<th>Category</th>
<th>Ward A Sought Per Student</th>
<th>Ward A Given Per Student</th>
<th>Ward B Sought Per Student</th>
<th>Ward B Given Per Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care Activities</td>
<td>0.60</td>
<td>0.50</td>
<td>1.20</td>
<td>1.50</td>
</tr>
<tr>
<td></td>
<td>0.12</td>
<td>0.50</td>
<td>0.60</td>
<td>2.50</td>
</tr>
<tr>
<td>Ward Activities</td>
<td>1.25</td>
<td>0.00</td>
<td>1.10</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
<td>1.00</td>
<td>0.10</td>
<td>0.50</td>
</tr>
<tr>
<td>Student Assignments</td>
<td>0.12</td>
<td>1.00</td>
<td>0.10</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>0.25</td>
<td>1.00</td>
<td>0.00</td>
<td>3.50</td>
</tr>
</tbody>
</table>
TABLE 5. CONTINUED

<table>
<thead>
<tr>
<th>Category</th>
<th>Ward C Sought Per</th>
<th>Ward C Given Per</th>
<th>Ward D Sought Per</th>
<th>Ward D Given Per</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per Student</td>
<td>Per Head Nurse</td>
<td>Per Student</td>
<td>Per Head Nurse</td>
</tr>
<tr>
<td>Patient Care Activities</td>
<td>0.60</td>
<td>7.00</td>
<td>0.26</td>
<td>11.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.80</td>
<td>4.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.20</td>
</tr>
<tr>
<td>Ward Activities</td>
<td>0.45</td>
<td>0.00</td>
<td>0.00</td>
<td>4.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.50</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Student Assignments</td>
<td>0.00</td>
<td>6.00</td>
<td>0.00</td>
<td>4.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td>2.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>
or, 1.25 is larger than,
\[
\frac{1.97}{1.463}
\]

all student contacts to seek in ward activities

all student contacts to seek

or, 0.680.
\[
\frac{1.463}{1.25}
\]

On Ward B, patient care activities ranked first in all contacts to seek information by both students and head nurses. The head nurse on Ward B however, gave more information about student assignment than about any other category. In relation to contacts to give information regarding assignments, the proportion of given information by the head nurse on B, is larger than the proportion of all head nurse contacts to give information regarding assignments. That is,

\[
\frac{\text{head nurse contacts to give in assignments on B}}{\text{all head nurse contacts in assignments on B}}
\]

or, 3.50 is larger than,
\[
\frac{4.50}{4.200}
\]

all head nurse contacts to give in assignments

all head nurse contacts in assignments

or, 2.200.
\[
\frac{4.50}{2.200}
\]

This may be explained by the fact that one of the head nurse personnel on Ward B was a graduate of the same collegiate program as the students in this study, and she felt more freedom in her relationships with them. In contrast to this, it can be seen that the head nurse on Ward D gave no information regarding student assignments. Uncertainty in this respect was observed on this ward one day, when the head nurse noted that the assignment for one student, made by the clinical
instructor, was much too large and difficult for the student. The head nurse expressed concern over this and wondered if she should change it, or call the clinical instructor. The observer did not see the end result of this incident.

On Wards C and D, it is readily seen that patient care activities ranked first in both student and head nurse information given and sought. In relation to head nurse contacts regarding patient care, the proportion of head nurse contacts on C and D, to all head nurse contacts on C and D, is larger than head nurse contacts in patient care to all head nurse contacts. That is,

\[
\frac{\text{head nurse contacts in patient care on C and D}}{\text{all head nurse contacts on C and D}}
\]

or, \( \frac{29.00}{47.00} \) is larger than, \( \frac{6.50}{12.50} \)

Since C and D provided new experiences in patient care for the students, the implication is that on a new unit, head nurses must contact students more regarding patient care activities, than they do on a unit with which the student is familiar.

The Interview Data

It will be recalled that the opinions of head nurses and students concerning the present status of their interrelationship were obtained through interviews. This data will be presented according to the areas of agreement and disagreement, in first, the head nurse interviews, and second, the student
Head Nurse Interviews

Areas of Agreement. The four head nurses and two assistant head nurses agreed that the clinical instructor was responsible for supervision of nursing procedures and techniques, but that for individual patient care needs and ward routines peculiar to that ward, the head nurse has more information which she can share. Some significant comments are:

"If the head nurse sees something on her ward rounds she should correct it and teach or answer the problem. I think it would be a shame if she didn't."

"I don't hesitate to tell them anything as I wouldn't to any other student or staff member -- like muscle exercises because the clinical instructor doesn't know them. I orient them to special routines of the department."

"I think I could give them a lot if I knew what they were there for."

Although one head nurse, a graduate of the same program as the students in this study, did express more freedom in her relations with the students, the other five head nurses felt that the students were not a part of the ward unit. Significant comments are:

"I can't feel like they're my own. Pride in the ward, loyalty to the ward, is good, and the ____ (collegiate students) don't have it."

"I don't know them. I'd like to. They're not a part of the ward. They're dependent on the clinical instructor and when she's not around they're lost."

The interviewer asked how the head nurses would feel
about having the university clinical instructor on every ward unit, whenever the students were having experience. This evoked the following responses:

"It might be better. She'd know the routines of the ward better -- but she might not know the patients though."

"(Nodding agreement) She'd be a part of the ward and know ward problems."

"They'd (students) probably ask her some questions, but then I don't know."

"She'd know about the patients."

There were no areas of disagreement among the head nurses, but several interesting comments were expressed which the writer feels significantly depicts head nurses' views toward the students' clinical practice. They follow:

"They know the niceties of nursing that I think the older student develops as she goes on, but they don't know the short cuts or how to make things easier and I think this is part of their education."

"They're lacking in organization -- efficiency."

"They need help in organization."

"They do up two or three patients beautifully but any more than that they can't handle."

"One student was flabbergasted when she was a team leader. She came out to me with every little thing. They don't know how to organize."

"They were asking me a lot of questions. When they came to me I said, 'Now what does your common sense tell you?' She'd say it. Then I'd say, 'Well, that's the way it should be done.' The student said, 'Well, I thought so but I wasn't sure.' I said, 'From now on, think it out yourself and then if you still have questions come to me.' They ask more for reassurance."
The Student Interviews

Although the students of the two institutions of higher learning were separated for interviews, there was no difference detected in their responses.

Areas of Agreement. All agreed that the students were responsible to the head nurse for patient care since the head nurse is responsible for all patient care. There was also agreement by all that they questioned the head nurse for information regarding patient care and ward routines. However, all groups expressed the fact that they are inclined to first approach their classmates or graduate staff nurses on the ward units, before going to the head nurse. All are inclined to seek the clinical instructor more for nursing procedures and techniques, particularly in a new experience. If the head nurse created the air of freedom to question, students followed in this direction. It is interesting to note that, every group told about the incident in which the head nurse told the student to "think it out for yourself first". There was a difference of opinion regarding the effect of this incident. One student said she profited by it; Another student was emphatic about "they should answer any question no matter what it is".

All groups expressed the feeling of not being a part of the ward, although they would like to feel as they were a part of the ward "so when we graduate we know what to do."
Areas of Difference. The only significant difference occurred in the area of suggestions concerning the present inter-relationship. Four groups felt it might help if the head nurses and ward staff were better oriented to their program. Group V felt orientation wouldn't help, but did not suggest anything else.

Three groups, with the exception of one student who was definitely opposed, felt that the head nurses could make their assignments. A comment regarding assignments was:

"One day the clinical instructor assigned us to all but three of the patients and there were three other students on the ward. What was the head nurse going to do?"

Two groups, plus the one student previously mentioned, preferred that the clinical instructor plan the assignment.

Discussion and Interpretation of Findings

The recorded data and the interviews indicate that both students and head nurses felt that the head nurse has much information concerning patient care, for which they both feel the necessity for inter-communication. The majority of the communication falls in this area, and in interviews both students and head nurses place patient care as their prime responsibility to each other. This is as it should be. For certainly, head nurses are primarily interested in seeing that all patients on the ward receive effective nursing care. Students, while they are only practicing nursing care, recognize that the head nurse assumes ultimate responsibility for
the care they are giving to the patients assigned to them, and has much knowledge about them which she can share. Both view the clinical instructor mostly in relation to the supervision of nursing procedures and techniques, and for aspects of individual patient care, prefer to communicate directly with each other than through the clinical instructor. Interestingly enough, it was only on Ward A, where there is the modified team plan, that there was less need for communication between the head nurse and student in the area of patient care activities. On this ward, the team leader supplies much of this information. One can infer this from the data, since on other wards, most of the communication was in patient care activities.

Secondly, students seek information from the head nurse regarding ward activities. Head nurses, it was noted in the recorded data, give more information in this area. This seems logical. One would hardly expect the head nurse to seek information regarding the routines and policies of her ward. On the other hand, one would expect the student to seek information regarding same. The interview data substantiates again, that both students and head nurses feel the need to contact each other in this activity also, rather than to contact the clinical instructor. However, one may infer that there is a need for the students to be given better ward orientation.

Interestingly related to this activity, is the evidence given by both students and head nurses, that the students do not seem to be a "part of the ward". They work in the wards,
care for patients, yet do not seem to be an integral part of the nursing staff group. The implication that something is missing from the students' clinical experience is distinct. A feeling of acceptance is needed on the part of the students, and head nurses want to be able to give that acceptance, but cannot. Although somewhat intangible, these were nevertheless strong enough sentiments to be expressed by both groups, without stimulation from the interviewer.

Further substantiation of this, is the marked absence of purely sociable contacts in the observation data. One would normally expect to observe some non-businesslike "chit-chat" in a cohesive and familiar working group. As was previously stated, all recorded data were classified into the three categories of occupational activities with relative ease. While the observed contacts were certainly friendly, they were all related to the task at hand.

A surprising development was the large proportion of head nurse-initiated contacts in the activity of student assignment. This might be explained by reasoning that the head nurse is understandably concerned with managing her unit and therefore, frequently checks the students' assigned hours and duties. However, the implication for more information regarding the students' needs in the clinical experience, is clearly brought forth in the interviews with head nurses, where suggestions are made for better planning and frequent conferences with the clinical instructor. Students were also keenly
aware that head nurses and ward staff members need more understanding of their program.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This investigation was undertaken to determine the role of the head nurse in the clinical experience of the basic collegiate nursing student. Specifically, the answers to the following questions were sought:

1. During the clinical experience,
   a. what kind of information is sought of, or given to the head nurse, by the basic collegiate nursing student,
   b. what kind of information is sought of, or given to the basic collegiate nursing student, by the head nurse?

2. What are the opinions of the head nurse and the collegiate nursing students concerning their inter-relationship, as it presently exists?

Thirty-two students engaged in a surgical nursing experience, and four head nurses and two assistant head nurses, on four wards, participated in the study. Non-participant observation and recording of the exchange of information between head nurses and students, was the first method employed to collect data. Following this, interviews were held with head nurses and students, to obtain opinions concerning their present inter-relationship. Over a period of ten weeks, a total of sixty-three hours were spent in observation, during which contacts between the students and six head nurse personnel were recorded. Individual interviews were held with the
head nurses. One interview was held with each of five groups of students.

The recorded data were classified into three categories: patient care activities, ward activities, and student assignments. An analysis was done to determine the frequency of contacts in each category; the frequency of head nurse- and student-initiated contacts in each category; the frequency of the average number of contacts initiated per student and per head nurse in each category; and the frequency of the average number of contacts in each category initiated per student and per head nurse on each ward unit. Interviews were analyzed to determine areas of agreement and disagreement. A summary of the findings follows:

1. Of the total 182 contacts, 55% were directed to patient care activities, 29% toward ward activities, and 16% toward student assignments.

2. In proportion to the participating personnel, head nurses initiated most of the averaged contacts in all activities.

3. Patient care activities ranked first in order of frequency in both student- and head nurse-initiated contacts.

4. Assignments ranked second in order of frequency in head nurse-initiated contacts, and ward activities ranked second in student-initiated contacts.

5. Ward activities ranked third in head nurse-initiated contacts, and assignments ranked third in student-initiated contacts.
contacts.

6. In relation to information sought, the proportion of information sought by students is larger than that sought by head nurses, in the categories of patient care and ward activities. Both sought an equal amount of information in regard to student assignments.

7. Conversely, head nurses gave more information than students in the categories of patient care and ward activities; in regard to student assignments, again an equal amount of information is given.

8. On Ward A, where there is a modified team plan, students are most concerned with ward activities, and head nurses are most concerned with student assignments. The proportion of information sought by the students regarding ward activities, is larger on Ward A than that sought by all students regarding ward activities.

9. On Ward B, patient care activities ranked first in all contacts to seek information by both students and head nurses. The head nurse on Ward B gave more information about student assignment, than all head nurses gave in regard to assignments, in relation to given communication regarding assignments.

10. On Wards C and D, patient care activities ranked first in both student and head nurse information given and sought. In relation to head nurse contacts regarding patient care, the amount of head nurse contacts on C and D is larger.
than all head nurse contacts regarding patient care.

11. There is a notable absence of purely sociable contacts on all wards.

12. Both students and head nurses agree that the head nurse has much information regarding patient care and ward routines; therefore, students question the head nurse and head nurses share the information with respect to these aspects of nursing.

13. The university clinical instructor is primarily responsible for the supervision of nursing procedures and techniques.

14. Students are not a part of the ward; head nurses feel they should be, and students would like to be a part of the ward.

15. Head nurses would benefit from more orientation to the students' program.

16. Better planning between the head nurse and the clinical instructor is needed.

17. Although most of the head nurses accepted the fact that the clinical instructor assigned patients to the students, the majority of students felt that the head nurse should make the assignments.

18. A university clinical instructor on every ward would lessen the part the head nurse plays in the students' clinical experience, particularly with respect to ward problems.
Conclusions

It will be remembered that the hypothesis of the study is that, collegiate nursing students look to the head nurse for direction and guidance in problems concerning ward policies and routines, as well as for many of the aspects of total patient care. Also, the head nurse, because she is responsible for all activities on her ward, finds it necessary to communicate with the students concerning these same areas of activity. Furthermore, neither are secure in their relationship with each other.

The conclusions, based on the findings of the study, confirm the hypothesis. They follow:

1. The primary relationship of the head nurse to the collegiate nursing students' clinical experience, is with respect to patient care.

2. Her second most important function in the collegiate students' clinical experience, is with respect to ward activities and assignments.

3. The collegiate nursing students and head nurses view the clinical instructor as the supervisor of nursing procedures and techniques.

4. The collegiate student needs to have a feeling of "belonging" to the ward.

5. The head nurse feels that the student should be a real part of the ward team.
Recommendations

Recommendations based on the findings of the study are as follows:

1. Head nurses should be recognized in some manner, as having a definite role in the collegiate student's clinical education.

2. Frequent conferences and better planning between the head nurse and clinical instructor is necessary.

3. A more thorough orientation concerning the purposes of the collegiate program should be arranged for head nurses and ward staff members.

4. Recommendations for further study are:
   a. that a study be done to determine the role of the clinical instructor in the collegiate nursing students' clinical experience,
   b. that a time and activity study be done to further define the role of the head nurse in the collegiate nursing students' clinical experience.
   c. that an evaluation of the clinical experience be made to determine its effectiveness in meeting the need of the students to be an integral part of the ward team.
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