1960

Nursing students' opinion of counseling in the clinical area in a selected school of nursing

Dayall, Lydia
Boston University

http://hdl.handle.net/2144/18582
Boston University
NURSING STUDENTS' OPINION OF COUNSELING
IN THE CLINICAL AREA IN A SELECTED SCHOOL OF NURSING

BY

Lydia Dayall

(B.S., Boston University, 1959)

A field study submitted in partial fulfillment of the requirements
for the Degree of Master of Science
in the School of Nursing
Boston University
August, 1960

First Reader: Sara Berkley

Second Reader: Esther Mallardi
This study was supported (in part) by a training grant U.S.P.H.S. MT-33-63 from the Division of Nursing Resources, Bureau of Medical Services, United States Public Health Service.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Justification of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Scope and Limitations</td>
<td>3</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>4</td>
</tr>
<tr>
<td>Preview of Methodology</td>
<td>5</td>
</tr>
<tr>
<td>Sequence of Presentation</td>
<td>6</td>
</tr>
<tr>
<td><strong>II. THEORETICAL FRAMEWORK OF THE STUDY</strong></td>
<td>8</td>
</tr>
<tr>
<td>Review of Literature</td>
<td>8</td>
</tr>
<tr>
<td>Bases of Hypotheses</td>
<td>14</td>
</tr>
<tr>
<td>Statement of Hypothesis</td>
<td>16</td>
</tr>
<tr>
<td><strong>III. METHODOLOGY</strong></td>
<td>18</td>
</tr>
<tr>
<td>Selection and Description of the Sample</td>
<td>18</td>
</tr>
<tr>
<td>Tool Used to Collect Data</td>
<td>20</td>
</tr>
<tr>
<td>The Procurement of Data</td>
<td>23</td>
</tr>
<tr>
<td><strong>IV. FINDINGS</strong></td>
<td>26</td>
</tr>
<tr>
<td>Presentation and Discussion of Data</td>
<td>26</td>
</tr>
<tr>
<td><strong>V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS</strong></td>
<td>42</td>
</tr>
<tr>
<td>Summary</td>
<td>42</td>
</tr>
<tr>
<td>Conclusions</td>
<td>43</td>
</tr>
<tr>
<td>Recommendations</td>
<td>44</td>
</tr>
<tr>
<td><strong>BIBLIOGRAPHY</strong></td>
<td>45</td>
</tr>
<tr>
<td><strong>APPENDIX</strong></td>
<td>49</td>
</tr>
</tbody>
</table>
LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Learning by Nursing Students from Three Methods Used by Graduate Nurses to Handle Mistakes Made by the Students</td>
<td>28</td>
</tr>
<tr>
<td>II. Nursing Students' Responses to the Care of Patients with Anxiety Tendencies</td>
<td>32</td>
</tr>
<tr>
<td>III. Nursing Students' Opinion of Counseling Value in Patient Care</td>
<td>34</td>
</tr>
<tr>
<td>IV. Nursing Students' Opinion in the Evaluation Process as This Adds to Their Personal Growth and Development</td>
<td>36</td>
</tr>
<tr>
<td>V. Nursing Students' Opinion of Counseling of Ward Problems as They Occur and How This Affects Their Learning</td>
<td>37</td>
</tr>
<tr>
<td>VI. Nursing Students' Opinion of Their Assignments</td>
<td>39</td>
</tr>
<tr>
<td>VII. Answers of Seventy-Nine First-Year and Fifty-Two Upper-Class Students to the Questionnaire</td>
<td>50</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

The use of counseling as an approach to human relations has gained in favor, not only in schools and colleges, but in the personnel policies of places of employment. It is now widely accepted that the individual functions best in either a learning or a work setting if he is respected and accepted. According to Rogers, counseling is as applicable to the problem of employing a new staff member as it is to the client who is troubled about his social relations. It requires a friendly atmosphere for free verbalization to take place, and the attitude of the counselor must be such as to create a psychological climate, for the client, that preserves his value as a person. 1

In the clinical experience of nursing students this approach in the relations between the student and those with whom she is learning to become a nurse, while not always labeled counseling, is now being recognized as having value. Nursing educators are thinking of the student as a whole person whose potentialities are best developed by using those techniques in guiding her learning that give her feelings of worth and dignity. Smith writes:

The student will be better able to respect, appreciate, and care for her patients and co-workers if she is respected, appreciated, and cared for by the people who are responsible for her education. . . . 2

1Carl R. Rogers, Client-Centered Therapy (Boston: Houghton Mifflin Co., 1951), chap. II.

Counseling is based on the principles of human relations and on learning theory. It says, "I do want to help you get this straightened out, not here is a list of things you have done wrong. . . ." \(^3\)

Statement of the Problem

The purpose of this study is to determine if on-the-spot counseling by staff and faculty members is given to nursing students to aid them with the problems they encounter in clinical experience.

The questions that will need to be answered are:

1. Is the atmosphere one in which the student feels comfortable?
2. Are relationships between graduate nurses and nursing students such that they feel free to discuss their nursing care and ward problems?
3. What, in the nursing student's opinion, is the value of counseling in the learning process?

Justification of the Problem

This study was prompted first, by the writer's interest in student-teacher relationships as these affect the learning process; and secondly, to obtain information that would be useful to faculty members who act as "advisors" in a guidance program that has no guidance counselor.

The learning obtained in clinical experience is a basic part of the education of the nurse, and it is here that relationships are

\(^3\) Garland Lewis, "Counseling? or Criticism?" The American Journal of Nursing (October, 1958), 1409.
most severely tested by the many pressures built up in meeting the needs of nursing service and the education needs of the students. It is the philosophy of the writer that nursing care experiences can be more meaningful to nursing students if they are guided by counseling rather than by criticism.

Scope and Limitations

The focus of concentration was on obtaining the opinion of nursing students through the use of a questionnaire devised by the writer. The number of students who participated was 133. Two of the questionnaires were eliminated because of unanswered questions on the first page of the instrument. This step, in the writer's judgment, was justified for the responses to the questions on that page were to show a pattern of counseling; therefore, an unanswered question gave an incomplete pattern.

There was a disparity between the numbers of students participating from each of the first-, second-, and third-year classes. There were seventy-nine in the first year, forty in the second, and only twelve in the third. It was decided to group those in the second and third years under the term upper-class for a better basis of comparison with the large number of first-year students.

The selection of the second- and third-year students followed no standard sampling techniques. The procedure was similar to that followed in polling the man in the street in that they were stopped as they came off duty and asked by a faculty member if they would care to answer a questionnaire. This unstructured situation necessitated the use of a
different procedure to give them the verbal instructions needed to answer the questionnaire than had been used with the first-year students. The latter had been instructed by the writer in one large group as they assembled for a class period, while these students were oriented as they arrived, some in small groups and others individually.

Use was made of a questionnaire. In an opinion poll this has the disadvantage of obtaining quantitative data only.

Because of the necessity for completing the investigation within certain time limits, only one hospital school of nursing was used. In the light of this limitation the results must be seen in terms of that school only.

Definition of Terms

Counseling -- "Counseling is an interpersonal relationship in which the counselor assists the total individual to adjust more effectively to himself and to his environment."\(^4\) McKinney goes on to explain what should come out of such a relationship when he writes, "Counseling . . . is education in its best form. It is personality development, verbal problem-solving and learning. It can promote creativity, self-responsibility and maturity."\(^5\)

On-the-spot Counseling -- A relationship between the student and those responsible for her clinical experience that will allow for a reciprocal exchange of ideas about ward problems as they occur.


\(^5\)Ibid., p. 24.
Professional Problem -- A situation related to the wards or to nursing care in which the learner has no satisfactory response at the time of encounter.

Learning Experience -- That experience which stimulates the learner to a positive response manifested by interest, curiosity, and a felt need to change behavior through increased understanding.

Negative Learning -- That learning which takes place under rather traumatic circumstances, or under conditions in which the student feels resentful rather than satisfied.

Permissive Atmosphere -- A "climate which respects the integrity of the student."7

Preview of Methodology

A hospital school of nursing located in an urban section of New England was selected for the study. This school had a guidance program in which the faculty members acted as advisors to the nursing students. To obtain the opinion of the students, a questionnaire was devised by the writer. The form was divided into four problem areas which would be within the experience of all the students: (1) procedure, (2) human relations, (3) evaluation, and (4) the ward.

In the first problem area the questions were designed to elicit response patterns by which counseling could be identified as distinct from criticism, constructive or otherwise. The second area probed into


7 Rogers, op. cit., p. 427.
the students' feelings about caring for patients with certain emotions, as anxiety, aggression, lacks confidence in the nurse, and is unable to accept illness. They were also asked their opinion as to the value of counseling in patient care. The third area dealt with counseling in evaluation as adding to personal growth and development, and the fourth area dealt with assignments as learning experiences.

As a means of testing for clarity, the instrument was administered to two nurses who were enrolled in graduate study at Boston University. This led to the discovery that question five on the last page needed to be answered only if the response to the preceding question was "Yes." The preceding question was "Are you given some guidance from the graduates as to how to get the most from the experiences?" This was followed by asking, "Would you say this guidance is adequate? inadequate? somewhat helpful?" As a result of this discovery, the last question was revised to read, "If the answer to the above was yes, would you say this guidance is adequate? inadequate? somewhat helpful?"

The method of presenting the findings was by use of nominal tables to show significant differences of opinion between the first-year students and those in the second and third years grouped together as upper-class students.

Sequence of Presentation

The theoretical framework makes up Chapter II, with a review of literature and a discussion of how this study is seen in the existing knowledge of counseling in schools of nursing. The bases for hypotheses are presented and an hypothesis is stated.
In Chapter III the selection and description of the sample are given. The tool used to collect the data is completely described, as is the procurement of data.

Chapter IV contains a presentation and discussion of the findings. The data are presented in tables under selected categories and from the responses that pertain to rating on the questionnaire.

A summary of the study is given in Chapter V with conclusions and recommendations of the results. This is followed by a bibliography and an appendix.
CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

An examination of related studies will be undertaken as these are seen to be applicable to this study. Some aspects which will be considered are the progress of counseling in schools of nursing, and the findings that relate in any way to professional problems, specifically those in the clinical area. In those studies where the Morison Problem Check List was used special consideration will be given to findings in the category of Adjustment to the Administration of Nursing Care.

Kelleher was concerned with criteria for an effective guidance service for schools of nursing. She constructed a check list of the general functions of a guidance program. This list of functions was arranged in five categorical areas: (1) "learning" the student, (2) informing the student, (3) counseling service, (4) placement activity, and (5) follow-up activity. A number of guidance leaders in schools of nursing were asked for a consensus of opinion by checking the items on the list as either essential, desirable, or not necessary. The guidance leaders believed most of the items were essential or desirable. These proposed criteria were suggested by Kelleher for use by schools of nursing in evaluating their own guidance programs.

Garrigan suggested an inservice program for faculty members and pursued the question of how a guidance point of view might be introduced and developed in a school of nursing. A questionnaire was sent to 175 graduate nurses serving in the Army Nurse Corps in a general hospital. As a result of this information a complete plan for a course in guidance for faculty members was set up. The purpose was to change the attitudes of nurse instructors toward student problems. ²

Dill used the Morison Problem Check List to ask 300 students, most of whom were in the United States Cadet Nurse Corps, what their problems were. This study was done in four schools of nursing. The greatest number of student problems occurred in the area of Social and Recreational Activities, with Health and Physical Development second. The area of Adjustment to the Administration of Nursing Care was seventh in rank order. At that time students frequently worked overtime and many class hours were not included in on-duty time. Therefore, students were too tired to go out or to initiate social activities within the school. These schools did have "some form of student organization" ³ and some social and recreational activities. Even those problems listed in Adjustment to the Administration to Nursing Care had to do with "off-duty time not scheduled" and "failure of departments to orient stu-

²Mary Ann Garrigan, "Guidance in the School of Nursing: A Suggested In-Service Program for Faculty Members" (unpublished Master's thesis, School of Education, Boston University, 1947).

A frequent check of the item "too little time to know the patient as a 'whole'" would seem to be a part of the pattern of ward service at that time.

Riddell's findings at a hospital school and a university school in Canada were much the same as those of Dill. One of Riddell's purposes was to compare the problems of Canadian students with those of American students. She, too, made use of the Morison Problem Check List. In the hospital school Social and Recreational Activities headed the list of problems, with Adjustment to the School of Nursing second.

Adjustment to Administration of Nursing Care appeared in third place, although three other categories showed almost the same per cent of problems. Here again, half of the problems related to changed days off and time not scheduled far enough in advance so the student could plan. Other items checked were "too little chance to know the patient as a 'whole'" and "too little credit for giving good nursing care."

Some additional problems of first-year students were feelings that supervisors did not treat them like human beings. Second-year students felt there was a discrepancy between the responsibility given on duty and the lack of trust of one off duty. Grading according to personality rather than to real ability was a complaint of some third-year students. More than half expressed a desire for counseling, but there

---

4 Ibid., p. 80.
5 Ibid.
was no one to whom they could go.

Wiley, in a study of students' attitudes toward their profession, asked students to give reasons for entering nursing, and what they liked most and least about nursing. To the question what do you like least about nursing? a third-year student answered:

'The attitude of many head nurses and supervisors toward students. Many seem to lack tact and understanding. Often they do not give students a chance to explain her side of the situation. A head nurse is a person who makes daily work run smoothly and bearable or unbearable.'

To the same question, a first-year student answered:

'When I feel extremely inadequate in my experience and inability to help the patient I'm caring for, I feel very unhappy or unsatisfied. The fact that I have so much to learn makes it seem overwhelming at times.'

The above statements from Wiley's study are significant for the present study. Even though the majority of the students enjoyed the profession, only 67.5 per cent felt there was someone with whom they could talk over their problems. Relations between graduate nurses and students was a constant theme in the answers to the questions.

Howland obtained opinions of nursing students toward the counseling program in a school of nursing through the Morison Problem Check List. The author was counseling coordinator of the school in which she

---


8 Ibid.

9 Ellen D. Howland, "A Study to Determine the Opinions of Nursing Students Toward the Counseling Program in a Selected School of Nursing" (unpublished Master's thesis, School of Nursing, Boston University, 1955).
did the study. The category of Health and Physical Development ranked high in all three classes of the first-, second-, and third-year students, while Adjustment to the Administration of Nursing Care was "average" in rank order. But per cent of problems discussed with counselors showed this category second to Adjustment to the School of Nursing for first-year students, and second to The Future--Profession and Education for second- and third-year students.

A progression of counseling in personal problems is seen in Clark's study, although it is representative of only one school. In exploring the counseling role of thirteen instructors she discovered that the greatest number of problems presented to these instructors by the students was in the professional category--a total of seventy-seven out of 100 students. Fifty-three of these were first-year students, of whom nineteen discussed only grades. The remaining students presented problems relating to difficulty in ward adjustment, progress in nursing, make-up work, and laboratory performance. Nineteen second-year students had problems in this category and ten of the counseling sessions were related to progress in and attitudes toward nursing. Other problems of students in the second year were failing grades, the death of a patient, and difficulties with interpersonal relationships. Only five of the third-year students had problems in the above-listed category.

Williams and Williams, over a six-year period (1951-1957) studied five schools of nursing in different areas of the United States.

10 Faye Clark, "Exploration of the Counseling Role of Thirteen Instructors in a School of Nursing" (unpublished Master's thesis, School of Nursing, Boston University, 1959).
Three of the schools were hospital schools, two of which were Catholic. The method for data collecting was by: (1) participant observation, (2) informal interviews, and (3) a detailed survey of the records and literature of the schools.

While this work is not on counseling, it is important to this study because it points up the problems of adolescent students in adjusting to the giving of intimate physical care to patients. Williams states:

In general, the students were drawn from a particular segment of American society, at an age when they had yet to come in contact with most of the so-called 'realities of life.' Few of this group were prepared for those aspects of nursing that are a basic part of daily patient care. The cultural norms of their backgrounds had blocked them off from a general participation in, or consideration of, the type of activities a bedside nurse must face as a part of her work routine.11

The authors found three socializing techniques for obtaining desired behavior operating in the schools, which they have termed: (1) the Nightingale ideal, (2) the rationale of science, and (3) authoritarian control. In the Nightingale ideal the instructors incessantly stress the virtues of selfless, untiring service to the ill, and Florence Nightingale is placed before the students as the individual who best exemplifies the professional nurse. The authors write:

The most overt stressing of the Nightingale ideal was observed in the instructors' constant verbal reminders in classes that nursing demanded an untiring and self-sacrificing devotion to the personal needs of others.12

---


12Ibid., p. 23.
In describing the rationale of science, Williams writes that this technique
brought direct support to the students' work by giving it the sanction of known physical cause and effect--that is, because of class instruction about scientifically derived knowledge, students became aware of the fact that in many of their intimate patient care tasks there would be specific consequences for a particular type of care. This knowledge apparently served as added justification for the students overcoming their distaste at many intimate features of patient care.13

The technique of authoritarian control was seen by the authors in the specific rules governing the students' personal and social relations outside the school, as well as those regulations on the wards and in the nurses' residence.

The authors suggest that nursing educators will need to study their own situations with an eye to incorporating within them the techniques of socialization that best suits the philosophy of their schools.

By 1959 counseling in schools of nursing had progressed to the point where the students no longer saw a lack of social and recreational activities as a major problem. Many schools at present have guidance programs, and nearly all have an active student government organization. It remains for counseling to become a part of the guidance of learning in nursing practice.

Bases of Hypotheses

Roger's hypothesis in nondirective counseling is based on the individual as a responsible person capable of making his own decisions. Among the many formulations of a basic hypothesis, one is stated: "The

13 Ibid.
individual has a sufficient capacity to deal constructively with all those aspects of his life which can potentially come into conscious awareness.\(^{14}\) But there must be an atmosphere of acceptance of the individual to be counseled, and the counselor must act consistently upon his hypothesis. He concludes a discussion of hypotheses with some "if-then" statements, one of which is, "If a catalyst-leader provides a permissive atmosphere ... then responsible self-direction occurs."\(^{15}\)

In education, Rogers sees a permissive atmosphere as one that respects the integrity of the student. Whether the counseling is non-direct, or direct as indicated by Williamson, the atmosphere must be such as to invite expression from the counselee.\(^{16}\) When it is necessary for the instructor to give criticism, it should be given in such a way as to preserve the dignity of the individual learner, allowing him freedom to verbalize those feelings that may, if pent up, be a hindrance to learning.

Jordan states:

Any course, any word, any action which helps the student to be more comfortable in the area of feelings makes her a better nurse, for the nurse is surrounded by patients with heightened feelings, family members with fears, doubts, and anxieties, other nurses and doctors who work under tension.\(^{17}\)

\(^{14}\)Rogers, op. cit., p. 24.

\(^{15}\)Ibid., p. 64.


Muse sees constructive criticism as an exacting responsibility of the clinical instructor. The inexperienced student expects criticism, and she infers that it should be given when it is needed most. She re-iterates, however, that "sweeping criticism . . . is always overwhelming and to a beginner may be disintegrating." 18

It is the writer's contention that teaching, rather than criticism, even that which is constructive in the traditional sense, serves both the student and the institution to better purpose; that such teaching, when done in a counseling relationship, will result in more positive learning than when criticism only is given. The word criticism has destructive connotations, because graduate nurses working under pressures of many kinds may be unable to draw the fine line between what is constructive and that which is destructive.

It can be seen from this position that counseling involves more than criticism. Many situations in the nursing student's clinical experience have to do with orientation to nursing care, self-adjustive processes, problem-solving, and the transfer of learning from one situation to another by the application of principles. These call for guidance.

Statement of Hypothesis

In view of the related studies in counseling in schools of nursing in which progress is seen in the recognition of the nursing student as an individual, and in the above discussion of hypotheses in counseling, 

the following hypothesis has been formulated:

Nursing students, counseled instead of criticized about difficult problems encountered in clinical experiences, have made meaningful learning experiences.
CHAPTER III

METHODOLOGY

Selection and Description of the Sample

A 450-bed general hospital was selected as a suitable institution in which to study the problem. The School of Nursing graduates about eighty nurses each year and is fully accredited by the National League for Nursing. The hospital and the School of Nursing are under the administration of a religious group. The school has an active Student Government Organization and a guidance program which utilizes faculty members in the role of counselors to the students. While this program began by calling these members "advisors," the students are now encouraged to think of them as counselors. The students are allowed to choose their counselors and to consult them by appointment. It is possible to change counselors if it is the desire of the student.

The problem and the methodology were discussed with the Director of the School of Nursing by telephone. This resulted in permission to study the problem, and an appointment for the writer to administer a questionnaire to the students was granted. Two afternoons of the first week in May were selected by the Director as the most convenient time for obtaining the data. She delegated the task of making the arrangements to the Nursing Arts Instructor.

At the appointed time the writer met the Nursing Arts instructor in her office on the first floor of the Nurses' Residence. There were other faculty members present and all seemed most willing to aid in the
study. It was here also that the writer was introduced to the Director of the School of Nursing.

The students were not told beforehand that they would be asked to answer a questionnaire. The Nursing Arts Instructor introduced the writer to the first-year students at the beginning of a class period. The writer asked their participation in a field study, and explained that the purpose was to enable her to meet the requirements of a Master's degree program.

These students were spending most of their time in classes or in study and were on the wards only four hours a week. This period of time might be either a morning or an afternoon. They were under close supervision on these assignments.

The second- and third-year students were having no formal classes at that time, but were assigned throughout the services for clinical experience. Some of these students were on services where it was not convenient for them to be available at the time the questionnaire was to be administered. Many of them were on vacation or away on affiliation. Those students on night duty were not expected to be included in the study group. Due to this situation, it was impossible to obtain a wide opinion of the second- and third-year groups, especially the latter.

The procedure that was followed in obtaining their participation was that of asking them as they came off duty. This was done by the faculty members. They were then sent to the writer in a nearby classroom. In this manner the combined efforts of four faculty members resulted in obtaining the participation of forty second-year students,
which was about half of the class, and twelve students in the third year. When this number was added to the eighty-one in the first year, there was a total of 133 students who had participated in the study.

Tool Used to Collect Data

The questionnaire was designed for the purpose of testing the hypothesis as stated; nursing students, counseled instead of criticized in difficult problems encountered in clinical experience, have more meaningful learning experiences.

The four-page form was divided into problem areas that would be within the experience of all the students. There were five questions to each area. The questions, with a few exceptions, contained four responses. These exceptions were: Page one contained an open-end question, and two questions that required either "Yes" or "No" answers. Page three contained one question with two qualified "Yes" responses and a "No" response. Page four contained three questions with "Yes" and "No" responses, and two questions with three responses. The last page contained space for comment invited by a statement which read, "Please comment on what you feel is your main problem on the wards and give why it is a problem."

The problem areas were four in number and the respondent could choose answers that best described her experience. These areas were: (1) procedure, (2) human relations, (3) evaluation, and (4) the ward.

The Procedure Problem Area was completely structured in that the four responses to each of the five questions were designed to reveal
a pattern situation. For instance, to the first question beginning with, "when it is necessary for you to do an unfamiliar procedure . . ." the responses related to what the graduate nurse does about the fact that this procedure is unfamiliar. This would mean something different to a first-year student as compared with one in the second or third year who is expected to know the basic procedures but finds herself called upon to apply the principles of some procedure to a new situation. To the first-year student an unfamiliar procedure might be one in which she has been supervised but has not had an opportunity to perform for some weeks, by which time she feels the need to seek guidance in some particular aspect of the process. Her response to what the graduate nurse does about this might be that she explains what the student needs to know.

The next question related to how criticism was given in the event that the student did something wrong in performing the procedure. If the first-year student was experiencing teaching and guidance from the graduate nurse, she might well respond that it was given in a counseling relationship. At this point, the form contained an asterisk after the word "counseling" to designate that a definition was given at the bottom of the page.

The third question related to the atmosphere in which criticism was given. The student, having experienced a democratic seeking out of why she made the mistake in a counseling relationship with the nurse, would, no doubt, reply "permissive" in answering this question.

The fourth question asked about the relationship between the
student and the graduate nurse during the incident. In view of the above responses the student would probably reply that she felt free to explain her side.

In the fifth question the query was about the learning that was acquired from this experience. It would be expected that from the kind of guidance manifested in the preceding responses the student would have acquired positive learning.

A second- or third-year student functioning with less supervision and of whom more is expected, might have an entirely different experience. She might have had criticism given in front of others, probably at report, in an authoritarian atmosphere with the direct relationship between the student and the nurse difficult to determine. In this situation the learning obtained might be both negative and positive. It is natural for students to have feelings of resentment under such conditions depending on how severe the indictment. This kind of experience may well result in negative learning alone.

The Human Relations Problem Area was adapted from Peplau. The questions attempted to draw from the respondent admission of a problem with one of four types of patients with some emotional involvement, as anxiety, aggression, lack of confidence in the nurse, and inability to accept illness. The student was next asked in an open-end question how she felt about this. The purpose of this was to determine a need for guidance. The third question related to the availability of the graduate nurse for discussion of such situations, and the fourth question

asked if more could have been learned from the incident. The fifth question asked the value of counseling in patient care.

In the Evaluation Problem Area the first two questions related to the time when progress reports were given and if the instructors discussed notes kept on incidents with students. A third question asked if the student felt free to discuss a report with the instructor if she did not agree with what was written. The fourth question asked opinion on counseling as adding to the student's personal growth and development, and the fifth question was on counseling as it relates to learning.

The area entitled The Ward asked three questions about the fairness of assignments and assignments as learning experiences. Question four asked if graduate nurses aid students to get the most from their experiences, and question five sought opinion as to the adequacy of such guidance.

The Procurement of Data

The data collected totaled 133 questionnaires answered, eighty-one by first-year, forty by second-year, and twelve by third-year students. This was accomplished in two one-hour periods on succeeding afternoons, with the aid of the Nursing Arts Instructor and other faculty members.

The first-year students were given verbal instructions to the questionnaire by the writer after they had gathered in the Lecture Hall for a class period. After having been introduced to the students by the

2Appendix.
Nursing Arts Instructor, the writer began the orientation with the brief explanation that their Director had granted permission to ask their participation by answering some questions that would aid her in completing a program requirement. They were informed that no names would be used and that this was not a test. They were asked to feel free to answer the questions frankly.

Their attention was called to the directions at the top of the page, and they were asked to read the definition of counseling at the bottom before they began. Since these students were all in the same year, the prepared instruction asking that they write their year in school in the upper right corner was omitted. It was explained that "graduate nurse" meant clinical instructor, supervisor, head nurse, or staff nurse with whom they were involved on the wards. Then a definition of negative learning as it is used in this study was read. There was a question in the mind of the writer as to whether the students would know what was meant by an anxiety-ridden patient, which appeared in the first question on the second page; therefore, three examples were given--one patient newly admitted to the hospital, an asthmatic patient with anxiety tendencies, or any patient with seemingly psychosomatic symptoms. After this brief orientation one of the students aided the writer in giving out the questionnaires. They answered the questions in about fifteen minutes. They were not proctored.

Meanwhile one of the faculty members had succeeded in gathering some second- and third-year students into the small classroom nearby. The writer was now introduced to them and proceeded to give them the same explanation of her purpose in being there. Also, the same instruc-
tions were given to them as had been given to the first-year students, with the addition of a request for their year in school on the upper right corner of the first page. These students also took about fifteen minutes to answer the questions.

The following afternoon three faculty members asked other second- and third-year students as they came off duty if they would care to answer a questionnaire. All students who were asked to participate agreed and met with the writer in the small classroom. These students arrived at different times during the hour that followed, some in groups of three or four, and some alone. All were given the same verbal instructions as had been given to the students the day before.
CHAPTER IV

FINDINGS

Presentation and Discussion of Data

The answers to the 133 questionnaires were counted, each class separately, and the responses in each problem area were arranged in a block table, with the number of the question in the left vertical column and the number of the response running horizontally across the page. From this block arrangement of the data, a table showing the over-all results was made. Six other tables were designed to present significant information from the problem areas.

The number of students in the third year was too small to compare with the large number of first-year students. Since both the second- and third-year students had been given about the same amount of supervision on the wards, they were grouped together under the term upper-class. This was done in an attempt to provide a more even distribution of opinion.

Two students failed to answer all of the questions on the first page of the questionnaire. These two questionnaires were eliminated for the reason that the first page had been designed to show a pattern of counseling, and possibly other methods of handling mistakes made by the students; therefore, an unanswered question gave an incomplete pattern. There was no restriction on unanswered questions on the other three pages.

1 Appendix.
The data from the Procedure Problem Area showed three methods used by graduate nurses to handle mistakes. These methods were categorized as counseling, traditional criticism, and indeterminate criticism. Criteria were established for each category.

Criteria for establishing the category of counseling:
1. The responses indicated that the student received criticism in a counseling relationship, in a permissive atmosphere, and she felt free to explain her side.
2. The responses indicated that the situation was as above except for the atmosphere, which was authoritarian, and the result was positive learning.

Criteria for establishing the category of traditional criticism:
1. The responses indicated that the student received criticism either face-to-face with the graduate nurse, or in front of others; the atmosphere was authoritarian and she felt free to explain her side.
2. The responses indicated a counseling pattern except that the student did not feel free to explain her side.

Criteria for establishing the category of indeterminate criticism:
1. The responses indicated that the student received criticism in front of others, in an authoritarian, evasive, or electric atmosphere; the relationship was difficult to determine, or the nurse seemed domineering and unreasonable.
2. The responses indicated a mixture of all three categories and the result was negative learning.
Table I deals with the Procedure Problem Area. It shows the learning obtained by the nursing students from the three methods: (1) counseling, (2) traditional criticism, and (3) indeterminate criticism. The kind of learning is indicated by the responses from the questionnaires, as positive, negative, or a little of both.

Forty-one of the seventy-nine first-year students were counseled after a mistake was made in doing a procedure. Twenty-nine of these students obtained positive learning, and twelve students experienced a little of both positive and negative learning. Eleven of the fifty-two upper-class students were counseled. Eight of these students received positive learning. Three upper-class students received a little of both positive and negative learning. The total number of students counseled who received positive learning was thirty-seven. The total number of students who experienced a little of both positive and negative learning was fifteen.

**TABLE I**

**LEARNING BY NURSING STUDENTS FROM THREE METHODS USED BY GRADUATE NURSES TO HANDLE MISTAKES MADE BY THE STUDENTS**

<table>
<thead>
<tr>
<th></th>
<th>Counseling</th>
<th>Traditional Criticism</th>
<th>Indeterminate Criticism</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Learning</td>
<td>Learning</td>
<td>Learning</td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
<td>A Little of Both</td>
</tr>
<tr>
<td>First-Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper-Class</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>15</td>
<td>19</td>
</tr>
</tbody>
</table>

Total Students

First-Year 79

Upper-Class 52

131
The first question directly related to the study of the problem was, "Is the atmosphere one in which the student feels comfortable?"
The writer believes that the thirty-seven students in the counseling category who received positive learning in a permissive atmosphere felt comfortable.

The fact that fifteen of the students counseled received some negative learning along with the positive cannot be explained in accordance with the expected outcome of counseling. This is because the questionnaire was not designed to give all of the factors involved. In nursing, a mistake may be thought of as influencing the well-being of a patient. The instructor or head nurse who is called upon to guide students has a difficult task to assume a counseling role if the mistake is a grave one.

Twenty-four of the seventy-nine first-year students received traditional criticism for a mistake made in doing a procedure. Eleven of these students obtained positive learning, and thirteen students experienced a little of both positive and negative learning. Twenty-three of the fifty-two upper-class students received traditional criticism. Eight of these students received positive learning, and fifteen students received a little of both positive and negative learning.

The total number of first-year and upper-class students who received traditional criticism was forty-seven. Only nineteen of these students received positive learning, and twenty-eight students received a little of both positive and negative learning. This indicates that more of these students obtained negative learning along with the positive than positive learning alone. Nearly twice as many upper-class students
obtained a little of both positive and negative learning as compared with the number of upper-class students who received positive learning alone.

Fourteen of the seventy-nine first year students received indeterminate criticism for a mistake made in doing a procedure. Five of these students obtained negative learning, and nine students obtained a little of both positive and negative learning. Eighteen out of the fifty-two upper-class students received indeterminate criticism. Eight of these students received negative learning, and ten students obtained a little of both positive and negative learning. The total number of first-year and upper-class students who received indeterminate criticism was thirty-two.

When the numbers in both criticism categories are added together, the first-year students number thirty-eight as compared with forty-one in counseling. The upper-class students number forty-one with only eleven students in counseling. From these figures it can be seen that only a little over a half of the first-year students received counseling, and this was so for less than a fourth of the upper-class students. That forty-one out of fifty-two upper-class students could be placed in the criticism categories, seems to reflect a lack of time for guidance and counseling after the first year, as well as a more or less predominant traditional philosophy of learning by discipline.

That positive learning is best obtained by counseling is indicated by the fact that thirty-seven responses out of the fifty-two in the counseling category could be listed under this kind of learning, whereas only nineteen responses out of forty-seven in the traditional
criticism category were listed by the students as positive learning. It is significant that thirty-two out of the total number of 131 responses were listed in the indeterminate criticism category where no positive learning alone was obtained.

The second question that directly related to the problem was, "Are relationships between graduate nurses and students such that they feel free to discuss their nursing care and ward problems?" The answer is seen in the number of students who chose the fourth response to the fourth question in the Procedure Problem Area. This response was, "Did you feel free to explain your side to her?" The Table of Answers shows this response was listed by ninety-six out of the 131 students.

Table II deals with the Human Relations Problem Area. For clarity, the types of patients listed in this area were grouped as patients with anxiety tendencies. The table shows the nursing students' response to the care of these patients as being adequate or inadequate.

The terms adequate and inadequate were selected as appropriate in tabulating the results of the answers to the open-end question relating to the care of one of these patients with anxiety tendencies. The question was, "How did you really feel about this yourself?" Many of the students used the words adequate or inadequate to describe how they felt, while others expressed feelings that could be classified under one or the other.

There were sixteen students who did not answer the open-end question. Six of these were first-year students and ten were upper-class.

2 Appendix.
students. No explanation can be given as to why these students did not answer the question.

**TABLE II**

NURSING STUDENTS' RESPONSES TO THE CARE OF PATIENTS WITH ANXIETY TENDENCIES

<table>
<thead>
<tr>
<th></th>
<th>Adequate</th>
<th>Inadequate</th>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-Year</td>
<td>19</td>
<td>54</td>
<td>6</td>
</tr>
<tr>
<td>Upper-Class</td>
<td>25</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Totals</td>
<td>44</td>
<td>71</td>
<td>16</td>
</tr>
</tbody>
</table>

Nineteen of the seventy-nine first-year students felt adequate in caring for patients with anxiety tendencies, and fifty-four of these students felt inadequate. Twenty-five of the fifty-two upper-class students felt adequate in caring for these patients, and seventeen of these students felt inadequate. The total number of students who felt adequate was forty-four out of the 115 students who answered the question. The number of students who felt inadequate was seventy-one, or about two thirds of the students who answered the question.

The fact that seventeen out of the forty-two upper-class students who answered the question felt inadequate would seem to indicate a need for more guidance and teaching at the bedside of the patient beyond the first year.

The results of questions three and four of the Human Relations
Problem Area are seen in the Table of Answers. Question three referred to question two quoted above and read, "Were you able to discuss this freely with a graduate nurse at the time?" Forty-one out of the seventy-nine first-year students answered "Yes" and thirty-five of these students answered "No." Twenty-eight out of the fifty-two upper-class students answered "Yes" and twenty-four of these students answered "No."

Question four stated, "Do you feel that you could have learned more from this experience with a little guidance?" Sixty-three out of the seventy-nine first-year students responded "Yes" and fourteen of these students responded "No." Forty-eight out of the fifty-two upper-class students responded "Yes" and three students answered "No." That a large majority of students from both groups could have learned more seems significant of a need for more guidance and teaching.

The data from the Human Relations Problem Area are concluded in Table III, which shows the nursing students' opinion of counseling value in patient care. The ratings are listed as little, some, much, and no value.

Seventy of the seventy-nine first-year students considered counseling in patient care to be of much value. The remaining nine students responded that it had some value. Of the fifty-two upper-class students, thirty felt that counseling had much value; twenty-one of these students felt that it had some value. One student felt that it had little value. A total of 100 students considered counseling in patient care to have much value, and thirty students felt that it had some value.

\(^3\)Appendix.
The difference in the responses about the value of counseling between the first-year and upper-class students may have been due to their experience with counseling. That a total of 100 out of 131 students felt that counseling in patient care had much value seems to indicate that students welcome a democratic method of handling their learning activities by the staff and faculty.

TABLE III
NURSING STUDENTS' OPINION OF COUNSELING VALUE IN PATIENT CARE

<table>
<thead>
<tr>
<th></th>
<th>Little Value</th>
<th>Some Value</th>
<th>Much Value</th>
<th>No Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-Year</td>
<td>9</td>
<td>70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper-Class</td>
<td>1</td>
<td>21</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>1</td>
<td>30</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>First-Year 79</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td></td>
<td>Upper-Class 52</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Evaluation Problem Area began by asking, "Do you get a report on your progress..." The Table of Answers shows that of the seventy-nine first-year students, thirty-one received their progress reports while on the service. Forty-two first-year students received reports as they were about to leave the service. Only five of these students got their reports a month after they had left a service, and one student received this report many months later. Of the fifty-two upper-class students, fifteen received progress reports while on the service.

4Appendix.
Thirty-two of these students received reports as they were leaving the service, and five students received their reports a month later.

Only eleven students out of the 131 received their progress reports after they had left a particular service. From this evidence it is clear that the graduate nurses made an effort to provide the evaluations when they were of most value to the students.

The second question of the Evaluation Problem Area began with, "If notes are kept by those who write the report..." This incomplete sentence ended with one of the responses. Twenty-eight of the seventy-nine first-year students responded that notes were discussed when incidents occurred, and forty-two students responded that they were discussed when progress reports were given. Four of these students responded that notes were never discussed, and five students answered that they were not aware that notes were kept. Of the fifty-two upper-class students, five responded that notes were discussed when incidents occurred, and forty students responded that these were discussed when progress reports were given. Six of these students responded that notes were never discussed, and one student was not aware that notes were kept.

Again, there is evidence from the data that in the process of evaluation a large majority of the students were kept informed of their progress, not only by reports but by a two-way discussion with the nurse who wrote the reports.

The third question asked, "Do you feel free to discuss your report with your instructor if it contains something with which you do not agree?" Of the seventy-nine first-year students thirty-five answered "Yes, with reservations," and forty-one students answered, "Yes, fully."
Only three students answered "No." Of the fifty-two upper-class students, twenty-eight answered "Yes, with reservations," and twenty-three students answered "Yes, fully." One student answered "No."

On the whole, progress reports are given to the students before they leave the service and they feel free to discuss them with the instructors.

Table IV shows the nursing students' opinion of counseling in the evaluation process as it adds to their personal growth and development.

**TABLE IV**

NURSING STUDENTS' OPINION IN THE EVALUATION PROCESS AS THIS ADDS TO THEIR PERSONAL GROWTH AND DEVELOPMENT

<table>
<thead>
<tr>
<th></th>
<th>Slightly</th>
<th>Moderately</th>
<th>Considerably</th>
<th>Not at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-Year</td>
<td>10</td>
<td>69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper-Class</td>
<td>2</td>
<td>20</td>
<td>29</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>2</td>
<td>30</td>
<td>98</td>
<td>1</td>
</tr>
</tbody>
</table>

Sixty-nine of the seventy-nine first-year students replied that counseling adds considerably to personal growth and development. Ten students replied that it adds moderately. Of the fifty-two upper-class students, twenty students answered that it adds moderately, and twenty-nine students responded that it adds considerably.

Table V shows the nursing students' opinion of counseling of ward problems as they occur and how this affects their learning.
NURSING STUDENTS' OPINION OF COUNSELING OF WARD PROBLEMS AS THEY OCCUR AND HOW THIS AFFECTS THEIR LEARNING

<table>
<thead>
<tr>
<th></th>
<th>Increases Learning</th>
<th>Increases Understanding</th>
<th>Increases Learning and Understanding</th>
<th>Makes No Difference</th>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-Year</td>
<td>1</td>
<td>77</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper-Class</td>
<td>1</td>
<td>47</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>1</td>
<td>124</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Total Students</td>
<td></td>
<td></td>
<td>First-Year 79</td>
<td>Upper-Class 52</td>
<td>131</td>
</tr>
</tbody>
</table>

Seventy-seven of the seventy-nine first-year students felt that counseling at the time problems occur increases both learning and understanding. Of the fifty-two upper-class students, forty-seven felt that counseling of ward problems as they occur increases both learning and understanding.

A third question directly related to the study of the problem was, "What, in the nursing student's opinion, is the value of counseling in the learning process?" The findings above indicate that 124 students out of the 127 who answered the question on the counseling of ward problems are of the opinion that counseling is of value in the learning process.

From the problem area entitled The Ward the first question was, "Do you feel that your assignments are fair at all times?" The Table of
Answers shows that sixty-eight of the seventy-nine first-year students answered "Yes" to this question. Nine students answered "No." Of the fifty-two upper-class students, only three answered "Yes" and forty-nine students answered "No."

The second question from The Ward area was, "Is it sometimes necessary for you to stay on duty overtime to finish assignments?" Sixty-nine of the seventy-nine first-year students answered "Yes" and ten students answered "No." Fifty-one of the fifty-two upper-class students answered "Yes."

Table VI shows the nursing students' opinion of their assignments. Twenty-seven of the seventy-nine first-year students felt that their assignments were real learning experiences. Two students responded that assignments were just routine work. Fifty students considered assignments to be both learning experiences and routine work. Only four of the fifty-two upper-class students felt that their assignments were real learning experiences. Eleven students responded that assignments were just routine work, and thirty-seven students considered them to be both learning experiences and routine work.

First-year students see all of their experiences in relation to learning. They recognize that their accomplishments contribute to the routine service of the hospital. This can be seen by the fact that only two students out of the seventy-nine responded that assignments were just routine work. A total of eighty-seven out of the 131 students responded that assignments are both learning experiences and routine work. This
bears out the fact that service is still a definite part of educating nurses in hospital schools.

TABLE VI

NURSING STUDENTS' OPINION OF THEIR ASSIGNMENTS

<table>
<thead>
<tr>
<th></th>
<th>Real Learning Experiences</th>
<th>Just Routine Work</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-Year</td>
<td>27</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>Upper-Class</td>
<td>4</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>Totals</td>
<td>31</td>
<td>13</td>
<td>87</td>
</tr>
<tr>
<td>Total Students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-Year</td>
<td>79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper-Class</td>
<td>52</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The fourth question from The Ward was, "Are you given some guidance from the graduates as to how to get the most from the experiences?" The Table of Answers shows that sixty-nine of the seventy-nine first-year students answered "Yes." Nine students responded "Yes" and twelve students answered "No."

The fifth question asked, "If the answer to the above was "Yes," would you say this guidance is . . . ." The responses ended this question. Twenty-four of the seventy-nine first-year students responded that this guidance was adequate. Two students answered that it was inadequate, and twenty-four of these students felt that it was somewhat helpful. Only seven of the fifty-two upper-class students felt that this guidance was adequate. Four students replied that it was inadequate.

6Appendix.
and twenty-eight students felt that this was somewhat helpful.

Seventy students replied that this guidance was somewhat helpful. This seems to indicate that graduate nurses do try to point out what the student should be looking for in her learning experiences; however, only a little better than a quarter of the students as a whole felt that this guidance was adequate. The fact that there were twenty-one "No" answers to the preceding question implies a need for more recognition in this area on the part of graduate nurses.

The statement that invited comment read, "Please comment on what you feel is your main problem on the wards and give why it is a problem."

A rather consistent theme throughout the comments of the first-year students was the problem of organization. One comment read, "I feel that the biggest problem I have is organization. My assignments are fair and I do average work but I don't always finish on time." Another comment read, "I have to learn to organize my work so that I can accomplish a lot in a short space of time without skipping things. I think this is something that no one can tell you how to do but which you must figure out for yourself."

The comments of the upper-class students had to do with a lack of help on the wards. Two were typical: "On certain days it is almost impossible to give adequate nursing care and still call it nursing," and, "Complete nursing care is stressed from the moment you come in but how can you do this when you have 12 to 15 patients."

When data from the different problem areas are seen as a whole, the impression is that the students who were counseled and those who
were criticized during clinical experience, but of much value, both as to the learning that can be obtained and to better therapy performance in the care of patients.
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to determine if on-the-spot counseling by staff and faculty members was given to nursing students to aid them with the problems they encountered in clinical experience. Two of the questions to be answered related to whether the atmosphere in which the students functioned and the relationships between them and the graduate nurses were such that the students felt free to discuss their nursing care and ward problems. A third question sought to obtain the nursing students' opinion of the value of counseling in the learning process. It was the writer's hypothesis that if students were counseled instead of criticized, they would have more meaningful learning experiences.

The opinions of 131 nursing students in a hospital school of nursing was obtained through a four-page questionnaire. The instrument was organized in four problem areas that would be within the experience of all of the students--Procedure, Human Relations, Evaluation, and The Ward. The procedure area was designed in such a way that the responses would elicit patterns of counseling or of criticism when the students made mistakes, and the kind of learning that resulted from each. The area dealing with human relations sought to determine the student's need for guidance in patient care. The evaluation area inquired about progress reports and asked the value the student placed on counseling in the
learning process. The ward area sought opinion of the way the student viewed her assignments and if the graduate nurses guided her in getting the most from the experiences.

From the procedure area, three patterns of handling mistakes made by the students were found to be in operation. These patterns were categorized as counseling, traditional criticism, and indeterminate criticism. It was found that more positive learning was obtained by the students in the counseling category than by those in the criticism categories. In the human relations area over half of the students felt inadequate in caring for patients with anxiety tendencies. With one exception, the students considered counseling to be of value in patient care. In the evaluation area the evidence indicated that graduate nurses discussed incident notes and progress reports before the students left the service, and the majority of students felt that counseling in evaluation adds to personal growth and development, as well as increases learning and understanding. From the ward area it was found that two thirds of the students saw their assignments as both learning experiences and service to the hospital.

Conclusions

The findings indicate that on-the-spot counseling in clinical experience was given by staff and faculty members to over half of the first-year students and to less than a fourth of the upper-class students. The remaining responses came under traditional and indeterminate types of criticism.
The number of students who were criticized was larger than the number who were counseled. More positive learning occurred when the students were counseled than when they were criticized. This evidence supports the writer's hypothesis that nursing students, counseled instead of criticized, have more meaningful learning experiences.

Recommendations

The findings suggest to the writer that X Hospital School of Nursing might greatly improve its program by:

1. Doing a study on counseling students in clinical experience to determine the effect of such counseling in patient care.
2. Instituting an inservice program to include the importance of the counseling role of the nurse instructor, the supervisor, the head nurse, and the staff nurse.
3. The staff and faculty members increasing their knowledge and application in the areas of guidance, counseling, human relations, and the psychology of learning.
4. Recognizing that counseling, used as a technique for obtaining desired behavior of students in clinical experience, may improve graduate professional performance.
5. Recognizing the counseling relationship between graduate nurses and students as an effective method in formulating attitudes and appreciations.
BIBLIOGRAPHY

Books


Hatch, Raymond. "Do You Have Counseling or Confusion?" The American Journal of Nursing, LIV, No. 5 (May, 1954), 584-585.


Williams, Thomas Rhys, and Williams, Margaret M. "The Socialization of the Student Nurse," Nursing Research (Winter, 1959), 18-25.
Unpublished Material


Howland, Ellen D. "A Study to Determine the Opinions of Nursing Students Toward the Counseling Program in a Selected School of Nursing." Unpublished Master's thesis, School of Nursing, Boston University, 1955.


### TABLE VII

**ANSWERS OF SEVENTY-NINE FIRST-YEAR AND FIFTY-TWO UPPER-CLASS STUDENTS TO THE QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Problem Area</th>
<th>Question Number</th>
<th>First-Year Response Number</th>
<th>Upper-Class Response Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Procedure</td>
<td>1</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>41</td>
<td>4</td>
</tr>
<tr>
<td>Human Relations</td>
<td>1</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>19*</td>
<td>50**</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>41</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>63</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>9</td>
<td>70</td>
</tr>
<tr>
<td>Evaluation</td>
<td>1</td>
<td>31</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>28</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>35</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>10</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>1</td>
<td>77</td>
</tr>
<tr>
<td>The Ward</td>
<td>1</td>
<td>68</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>69</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>27</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>69</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>24</td>
<td>2</td>
</tr>
</tbody>
</table>

Categories of open-end question: *Adequate  **Inadequate
Verbal Instructions to the Questionnaire

Your Director of Nurses has graciously consented to allow me to ask your participation in a field study to meet the requirements of a Master's degree. This is not a test, so please feel free to answer the questions frankly. It is your opinion that is sought. No names will be used.

Since there are members of each class present, would you please write on the upper right hand corner of the first page whether you are a first-, second-, or third-year student.

The directions for answering the questions are at the top of the page. Please note that you check the response that best describes your experience. Also note the definition of counseling at the bottom of the page.

The term "graduate nurse" appearing in the questions refers to any clinical instructor, supervisor, head nurse, or staff nurse with whom you are involved on the wards.

You all know what positive learning means but some of you may not be sure about negative learning. In this study, negative learning is that learning which takes place under rather traumatic circumstances, or under conditions in which the student feels resentful rather than satisfied with the experience.

I will give you some examples of anxiety-ridden patients appearing in the first question on the second page. These might be patients newly admitted to the hospital, asthmatic patients, or patients with psychosomatic symptoms.

Will you please begin to answer the questions. Thank you.
**QUESTIONNAIRE**

**Directions** -- Please place a check (✓) on the line before the response that best describes your experience.

**Procedure problem area**

1. When it is necessary for you to do an unfamiliar procedure
   ___ 1. Does the graduate nurse explain the procedure?
   ___ 2. Does she show you how to do it?
   ___ 3. Does she do both?
   ___ 4. Does she expect you to proceed on your own?

2. In the event that you do something wrong in performing the procedure is the criticism given
   ___ 1. in front of others?
   ___ 2. to others?
   ___ 3. to you face to face?
   ___ 4. to you in a counseling* relationship?

3. In the above situation, is the atmosphere
   ___ 1. electric?
   ___ 2. evasive?
   ___ 3. authoritarian?
   ___ 4. permissive?

4. What was the direct relationship of this nurse with you at the time of the incident?
   ___ 1. Did it suggest superiority on her part?
   ___ 2. Was this difficult to determine?
   ___ 3. Did she seem domineering and unreasonable?
   ___ 4. Did you feel free to explain your side to her?

*Definition of counseling -- A relationship between the student and those responsible for her clinical experience that will allow for a reciprocal exchange of ideas about problems as they occur.
5. Assuming this situation to be a learning experience, would you say that you acquired

   __ 1. positive learning?
   __ 2. negative learning?
   __ 3. a little of both?
   __ 4. no learning whatever?
Human relations problem area

The relationship of the nurse with the patient can be a problem when certain emotions are involved.*

1. In your experience, which of the following have presented problems to you, the patient who

   ___ 1. is anxiety ridden?
   ___ 2. shows aggression (is uncooperative)?
   ___ 3. registers a lack of confidence in you?
   ___ 4. is unable to accept his illness?

2. How did you really feel about this yourself?

3. Were you able to discuss this freely with a graduate nurse at the time?

   ___ Yes
   ___ No

4. Do you feel that you could have learned more from this experience with a little guidance?

   ___ Yes
   ___ No

5. The aim of counseling should be to help you to help yourself. In view of this do you think that counseling has

   ___ 1. little value?
   ___ 2. some value?
   ___ 3. much value?
   ___ 4. no value?

Evaluation problem area

1. Do you get a report on your progress
   - 1. while on the service?
   - 2. when you are leaving the service?
   - 3. about a month later?
   - 4. many months later?

2. If notes are kept by those who write the report are these
   - 1. discussed with you as the incident occurs?
   - 2. discussed when you receive your progress report?
   - 3. never discussed with you?
   - 4. you are not aware that notes are kept?

3. Do you feel free to discuss your report with your instructor if it contains something with which you do not agree?
   - 1. yes, with reservations?
   - 2. yes, fully?
   - 3. no?

4. Would you say that counseling, in the evaluation process, could add to your personal growth and development
   - 1. slightly?
   - 2. moderately?
   - 3. considerably?
   - 4. not at all?

5. If counseling of ward problems is done as the problems occur would this
   - 1. increase learning?
   - 2. increase understanding?
   - 3. increase learning and understanding?
   - 4. make no difference?
The ward problem area

1. Do you feel that your assignments are fair at all times?
   ___ Yes
   ___ No

2. Is it sometimes necessary for you to stay on duty overtime to finish assignments?
   ___ Yes
   ___ No

3. Do you feel that your assignments are
   ___ 1. real learning experiences?
   ___ 2. just routine work?
   ___ 3. both?

4. Are you given some guidance from the graduates as to how to get the most from the experiences?
   ___ Yes
   ___ No

5. If the answer to the above was yes, would you say this guidance is
   ___ 1. adequate?
   ___ 2. inadequate?
   ___ 3. somewhat helpful?

6. Please comment on what you feel is your main problem on the wards and give why it is a problem.