An analysis of personal problems reported by 163 Canadian nursing students

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Boston University
AN ANALYSIS OF PERSONAL PROBLEMS
REPORTED BY
163 CANADIAN NURSING STUDENTS
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SCHOOL OF NURSING

Field Study

AN ANALYSIS OF PERSONAL PROBLEMS
REPORTED BY 163 CANADIAN NURSING STUDENTS

Submitted by
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Hamilton, Canada, 1948)

In partial fulfillment of requirements for the degree
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First Reader: Marie Farrell
Second Reader: Madeline Kennedy
Third Reader: Mary Ann Carrigan
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This study has been undertaken to uncover the personal problems of the moving students in the S. J. Hospital. Method of analyzing in order to determine whether or not their these are being effectively met. Specifically it will resemble to answer:

1. In what areas the majority of problems are found.
2. Which problems are of most concern to the first, second, and third year students.
3. How the students react to the knowledge that problems
CHAPTER I

INTRODUCTION

The development of the nursing student is the concern of all who come in contact with her, since her professional growth includes her physical, social, cultural, moral and intellectual development. Awareness of the actual problems of the students will make for more intelligent assistance given by the nursing faculty to the individual toward the development of a better integrated personality. Various studies have been made in the United States to investigate the problems of students of nursing as a basis for the development of an effective guidance program. Every school however should study its own student body as the needs vary in different schools and in different localities.

The Statement of the Problem

This study has been undertaken to uncover the personal problems of the nursing students in the H. G. Hospital School of Nursing in order to determine whether or not their needs are being effectively met. Specifically it will endeavor to ascertain:

1. In what areas the majority of problems are found.
2. Which problems are of most concern to the first, second, and third year students.
3. How the students react to the knowledge that someone
INTRODUCTION

The development of new materials is the concern in the field of the science of materials. The understanding and application of the properties of new materials is essential to the progress of technology. The introduction of new materials has led to significant advancements in various fields such as electronics, aerospace, and medicine. The study of the properties of new materials is crucial to the advancement of technology.

The table below provides a summary of the properties of new materials and their applications:

<table>
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<th>Material Property</th>
<th>Application</th>
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<td>Strength</td>
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In conclusion, the development of new materials is a vital aspect of technological progress. The study of new materials is essential to the advancement of technology and the improvement of human life.
is interested in their problems.

4. How the students react to a problem check list.

5. Whether or not the students feel that there is a member of the faculty with whom they can freely discuss their problems.

Purpose of the Study

The purpose of this study is to collect information about the personal problems of students in a specific situation; to determine methods of analysis which will best demonstrate the problems in their relative frequency and intensity; to compare the problems of a group of Canadian students with those of American students which have been reported by other investigators; to report the findings with the hope that they will provide new insight into the attitudes and problems of the student group; and to make recommendations based on these findings, to the faculties and administrators concerned.

Scope of the Study

The study is concerned with two groups of nursing students both using the clinical facilities of a large city hospital in eastern Canada. The students' problems were elicited by means of a Problem Check List. A better understanding was gained of the environmental forces underlying their needs through informal conversation with some students and staff members. A study was made of the literature in the field of
guidance dealing with the common problems of youth as well as the special needs of nursing students.

Limitations

The number of students participating in the study was limited for several reasons: participation was entirely voluntary, off-duty time was used by the majority of the students for the completion of the forms, and personal contact with most of the students was limited to a few minutes at the beginning of a regular class period.

One method only was used to locate the most prevalent problems of the students. For a better understanding of the possible causative factors or for any interpretation of individual cases, additional information is needed. This might be obtained by observation of the students' behavior, pooling of faculty opinions and reports, analysis of environmental factors, interviews with the students in a permissive atmosphere and by examination of the cumulative records.

There are certain limitations within the Check List itself:

1. The Check List will only reflect problems which the students recognize and are willing to express.
2. Problems which are not marked because they are not recognized or because they are repressed, may be more serious than those that are marked.
3. Interpretation of the items will vary with the
individual.

4. One problem may outweigh all the others.

5. Stimuli within the list may evoke responses which are not really significant.

6. Responses will vary with the circumstances under which the list is given.

Reports of Other Studies

Reports of other investigators of student problems reveal a variety of techniques, but only those studies which have contributed to the development of the Problem Check List used by this writer will be discussed here. The first of these was undertaken by Frances Triggs and Ellen Bigelow who used the Problem Check List College Form by Ross Mooney with forty nursing students. Finding that it was not entirely applicable to the nursing group, some modifications were made. It was then administered to 295 students at the University of Minnesota and to 112 three-year affiliating students. These two groups were remarkably in agreement about problems centered in the curriculum, study, the future, their families, marriage, personal-psychological problems and social skills. Students in the university course expressed more concern over problems relating to finance and religious matters than did the affiliating students, but the latter reported more problems of health and social-psychological relations.

In 1945, Luella Morison, working at Ohio State University,
The page is filled with text, but the content is not legible due to the quality of the image. It appears to be a page from a document, possibly a letter or a report, but the specific content cannot be accurately transcribed.
took as a research study, "The Development of a Check List of Problems as a Counseling Instrument for Students in Schools of Nursing." Using the College Form by Dr. Mooney as a base, adaptations were made to better suit the needs of nursing students. Some items were reworded, new items were developed and two new areas were added: "Adjustment to Human Relations in Nursing" and "Adjustment to the Administration of Nursing Care." The revised form was then administered to students in six schools of nursing for the purpose of comparing their problems and exploring the various uses of the Check List in the School of Nursing. The conclusions of this study in terms of the student problems were:

1. The most frequent problems faced by student nurses are those involving social and recreational activities.

2. ....there is strong evidence that the students need for their personal and professional development a program of training in nursing which is more sensitive to the development of the students as individual personalities than schools are now providing.

3. The problems marked by twenty-five per cent or more of the students are predominantly problems showing limitations on time and correlated pressures on the students in schools of nursing. Problems related to the home: to morals and religion: to courtship, sex and marriage are concerns of comparatively few of the students.

4. The freshmen students indicated problems mainly in the areas relating to adjustments to the school of nursing, while the seniors marked problems primarily centered around their future in their professional and educational programs.

5. The average number of problems for freshmen was 36.33: for seniors 33.83: and for all students 35.57.
6. The range of problems was from 2 to 127.4.\textsuperscript{1}

The next year, 1946, Madeline Dill used this form in an attempt to "provide specific information as to the personal problems reported by students in School of Nursing."\textsuperscript{2} This information was obtained from 300 nursing students in and around the City of Boston, Massachusetts. The findings of this study bore out those of Miss Morison's in that more problems were underscored in the area of Social Recreational Activities and fewer in Home and Family than in any other. Dill's study also demonstrated that this was an effective instrument for securing information regarding student problems in that students reacted favorably to completing the Check List and indicated that the questions adequately covered the range of their difficulties.

A curricular study undertaken by Mary Schmitt at the University of Pittsburgh in 1948, included an analysis of students' problems obtained from 715 Morison Problem Check Lists. The majority of students, 619, were from hospital schools of nursing while 96 were enrolled in the University of Pittsburgh School of Nursing. A comparison was made of the problems reported by the two groups and although the university group

\textsuperscript{1}Mary Schmitt, "A Curricular Study of Psychological Problems Encountered by Students in the Basic Professional Program in Nursing," (University of Pittsburgh, Pittsburgh, 1948), p. 10.

The new book "The Most Important Things in Life" will take its
author to "examine the most important things in life and
how they are pursued." The author suggests that we get to
know the most important things in life and how they are
pursued.

If we want to improve our lives, we must
focus on the most important things. If we focus on
the wrong things, we will waste our time and
energy. If we focus on the most important things,
we will have a better life.

The book is recommended for everyone
who wants to improve their lives.
were older in years and had at least two years of college prior to entering nursing schools, there was no appreciable difference between the average number of troublesome problems. A summary of the conclusions indicated that:

those factors which appeared to bring about the most problems for nursing students as revealed by them by the medium of the Check List were: unsatisfactory learning conditions which involve relationships between students and instructors; restrictions on the students' free time; insufficient opportunity for maintaining good mental and physical health; inadequate counseling; improper amount of emotional balance in the student; and lack of self-discipline.

These results indicate consistently that this Check List reflects problems with which the students are concerned and about which they are ready and willing to verbalize. The writer has drawn upon the methods used by these investigators in the administration of the Check List and in the analysis of the data, but the application of these methods will be to a specific rather than a general group of students. It is also hoped that the findings of this study may be used as a guide by the staff concerned to new developments and revisions in the curricular, extracurricular, teaching, supervising and administrative programs of the school.

Philosophy Underlying the Study

Results of these and similar studies as well as research

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3 Schmitt, op. cit., p. 34.
4 Ibid., p. 57.
in the field of psychology give conclusive evidence that individuals do not learn by the mind alone. Moreover the philosophy of modern education now generally includes such objectives as self-realization, human relations, economic efficiency and civic responsibility. In the field of nursing so much emphasis has been placed upon giving care to the patient and to mastering nursing techniques that little time has been left for the development of the individual nurse.

"Nurses (and nursing students)\textsuperscript{5} as well as patients are people with emotional, social and economic problems. If they themselves have reason to believe that someone understands and cares enough to try to meet their needs, it follows that they will be more effective in caring for the total needs of their patients.\textsuperscript{6} They will also be more effective in the learning situation. Dr. Reider, in speaking at the 1950 Convention of the National League of Nursing Education Convention in San Francisco, stated that it seemed to be a valid assumption "that unless the nurse's human needs are met in her work she will be unable to satisfy the human needs of her patients.

It is not merely an assumption that a happy nurse is a good one, that one who is able to attain satisfaction in her work and in her outside life is an effective nurse, and that the dissatisfied nurse takes it out either on her patients or

\textsuperscript{5}Words within parenthesis, the writer's.

on herself."

Today more than ever before, many young people are meeting situations and problems in everyday living with which they are unable to cope effectively. For the young women in the nursing profession there are added frustrations and difficult adjustments. Entering the school with all the freshness and vigor of youth their way of life is drastically changed, forcing them into maturity earlier than perhaps any other group of adolescents. For some it is the first time away from home; many are having their first contact with illness and death. To these are added problems of residence life, studying and limitations of their social and recreational activities.

Although this adjustment to life within the school of nursing is frequently difficult, one should not overlook the fact that there may be other adjustments which are equally difficult for the student. In speaking of the importance of these, David Boyd said:

The student nurse is a person. She brings her own inner life, her feelings, and her difficulties into the training school situation. She retains her relationship with her family and her friends and reacts to the problems of these groups. Her own personal interrelationships and orientation present perplexing problems that must be solved. The student does not shed these inner conflicts when she dons a uniform, but carries them into the classroom, the ward, and the study hall. Many of

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these difficulties and problems may have their genesis outside the hospital environment, but the personality response to these conflicts will be manifested in the hospital as undesirable character traits and behavior patterns. Further, these unwholesome patterns of reaction cannot, as a general rule, be corrected either by emulation of superiors or by lectures on ethics. The only reasonable method of attack is one that assists the girl to work through the problem. Sooner or later such a guidance program must be integrated into training schools and provide facilities for assisting the student in adjusting herself to the new environment and problems. 8

An adequate understanding of the needs of the students is basic to the development of a sound personnel program, and a philosophy based on a "guidance point-of-view" must be held by administration and faculty alike. Actually this is not a new philosophy in nursing. Miss Nightingale, the founder of modern nursing, was well aware of student problems and made provision for them. As in other phases of nursing education, however, Miss Nightingale was well ahead of her time and somewhere along the way many of her concepts were temporarily lost. On this continent as early as 1912, Miss Isabel Stewart was concerned with vocational counseling in nursing, the selection of well-qualified applicants and the responsibility of the school to help them realize their potentialities as individuals and as nurses in order that they might "give their best service to society" and at the same time "achieve the greatest happiness and satisfaction in their own lives."

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Such a program has both a preventive and curative function. Its very purpose is to develop self-adjustment, but it lends assistance when the student finds that she cannot manage her life without help. Traxler believed that:

Ideally conceived, guidance enables each individual to understand his abilities and interests, to develop them as well as possible, to relate them to life goals and finally to reach a state of complete and mature self-guidance as a desirable citizen of a democratic social order. Guidance is thus vitally related to every aspect of the school—the curriculum, the health and fitness program, and home and community relations.9

Statement of the Presentation

Interpretation of the findings based on this philosophy will proceed as follows. Chapter II deals with the procedure of the study, a description of the study group, of the Problem Check List and of its administration and return. In Chapter III an analysis of the data is presented revealing the problem areas underscored most frequently and the individual items on the list about which the students were most concerned. Chapter IV includes a summary of the findings, recommendations based on these findings and suggestions for further study.

CHAPTER II

PROCEDURE OF THE STUDY

The purpose of this chapter is to acquaint the reader with the setting of the problem, with the format and content of the Problem Check List and with the manner in which it was administered and returned.

Description of the Study Group

The study group includes 139 students in the three-year program at the H. G. Hospital School of Nursing, and 24 students in the five-year basic professional program at M. University. Both groups use the clinical resources of H. G. Hospital. Of the 139 students in the three-year program, 57 were in their first year, 41 in their second year and 41 in their third year. In the university group, six were in the first year, four in the second, five in the third and nine in the fourth year of the program. The third and fourth year students were in the hospital at the time of the survey. Table I reveals the averages ages of the study groups, as follows: School A—first year, 19.5 years; second year-20.0 years; third year- 20.9 years; School B—first year- 19.5 years; second year- 19.7 years; third year- 21.4 years; fourth year- 22.3 years of age.
HISTORY OF THE STATE

The purpose of this chapter is to outline the growth of the community with the changing and concurrent efforts of the people. The map and the narrative that will follow will show the plan for the coming years within the present limits of the city.
Table I. The Average Ages of the Students in Both Schools

<table>
<thead>
<tr>
<th>School</th>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>19.5</td>
<td>20.0</td>
<td>20.9</td>
<td>-</td>
</tr>
<tr>
<td>B</td>
<td>19.5</td>
<td>19.7</td>
<td>21.4</td>
<td>22.3</td>
</tr>
</tbody>
</table>

All of the students of School B are represented in the study while 46 per cent of the students in School A are represented.

Description of the Schools. Both schools are located in an industrial Canadian city of 250,000, in which various educational and cultural opportunities are available.

School A. H. C. Hospital School of Nursing, founded in 1890, is located in the industrial section of the city. The enrollment in the school as of January the first, 1951, was 304 plus 14 affiliating students from School B.

There is at present no organized guidance or counseling program within the school. A health service is provided with both curative and preventive functions. Time lost on account of illness up to three days a year (which is not cumulative), does not have to be made up. There is a student government and during the past year a Glee Club has been formed.

The students live in four residences located on the hospital grounds—two of these are modern and well-equipped; two are old homes which have been adapted for dormitory use. All
<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.15</td>
<td>A</td>
<td>1.15</td>
</tr>
<tr>
<td>0.25</td>
<td>B</td>
<td>1.25</td>
</tr>
</tbody>
</table>

The table above shows the weight of different samples at various dates. The sample labeled 'A' was weighed on the 0.15th and found to be 1.15 grams. Sample 'B' was weighed on the 0.25th and found to be 1.25 grams.
have formal living rooms and kitchenettes and Senior Residence contains a swimming pool and fiction library. Within walking distance are located churches of the major denominations.

At the time this study was made there were 160 graduate floor duty nurses, 31 assistant head nurses, 55 head nurses, 11 ward supervisors, 12 instructors and clinical supervisors and an administrative staff of nine, including the director.

The hospital has a bed capacity of 900 with an additional 175 beds in a new wing opened several months after the survey. In 1950, there was a daily average of 814 patients. Revenues from the patients, government support, and the city of Hamilton maintain the hospital and the school.

School B. The School of Nursing at M. University is located on the outskirts of the city, on the university campus. The total enrollment was 24 at the time of the study, the fifth year students having finished a month previously. These students use the university health program their first two years, then that of the affiliating school. A student organization has been formed and the students are able to attend university social functions. The five faculty members within the school act as advisors but the University Counseling Service is also available.

The first year students were living at home, the second year students in the university residence and the other students in the residence of School A.
have some training in the practical use of computers and computer networks.

The term "network" has been defined as the "interconnected system of computer systems that can share resources and information with each other." This definition is broad and encompasses a wide range of computer systems.

The term "computer system" refers to a group of computers and associated peripheral devices that work together to perform a specific task. These systems can range in size from a single computer to a large network of interconnected computers.

The term "peripheral device" refers to any device that is connected to a computer system and used to input or output data. These devices can include keyboards, mice, printers, scanners, and other devices.

The term "resource" refers to any data or information that can be accessed by a computer system. These resources can include files, directories, and other data.

The term "information" refers to any data that is stored in a computer system. This can include text, numbers, images, and other types of data.

The term "networking" refers to the process of connecting computer systems and sharing resources and information. This can be done using a variety of technologies, including Ethernet, Wi-Fi, and other types of wireless networks.
Description of the Problem Check List

The Problem Check List Form for schools of nursing was selected for the study because of its proven reliability and validity in reflecting the relatively stable concerns of a group.¹ It was developed in 1945 by Luella J. Morison using: (a) items obtained through original research with students and staff in schools of nursing and (b) items from the Problem Check List, College Form by Ross L. Mooney. Its purpose is to help students in the expression of their personal problems.

The Problem Check List is composed of seven pages: 364 items, 28 in each of 13 areas, with five free response questions summarizing the problems and evaluating the check list. The areas, with their code symbols, are as follows:

1. Health and Physical Development (HPD)
2. Finances and Living Conditions (FLC)
3. Social and Recreational Activities (SRA)
4. Social-Psychological Relations (SPR)
5. Personal-Psychological Relations (PPR)
6. Courtship, Sex and Marriage (CSM)
7. Home and Family (HF)
8. Morals and Religion (MR)
9. Adjustment to the School of Nursing (ASN)
10. The Future: Professional and Educational (FPE)
11. Curriculum and School Program (CSP)
12. Adjustment to Human Relations in Nursing (AHR)
13. Adjustment to Administration of Nursing Care (AAN)

¹Mary A. Price, Luella J. Morison, Ross L. Mooney, Manual to Accompany Luella J. Morison's Problem Check List Form for Schools of Nursing. (Bureau of Educational Research, Ohio State University, Columbus, Ohio, 1948), p. 4-5.
PARTICIPATION OF 100 PROGRESSIVE FARMERS

The question of cooperatives is one of the most important problems of the modern farmer. It involves not only the economic aspects of agriculture, but the social and political implications as well. The cooperation movement is not merely an attempt to raise the standard of living of the individual farmer, but is a part of the larger struggle for economic and social justice in the world.

In order to ensure the success of the cooperative movement, it is necessary to overcome the objections that farmers have to organization. The chief objections are that it is too expensive, that it will lead to monopolies, and that it will take away from the individual the freedom of action.

The program of the cooperative movement should be designed to meet these objections. The cooperative should be a voluntary association of farmers, with no attempt to monopoly. The farmers should be free to join or leave the cooperative at will, and there should be no central control.

The cooperative should be a真是的, that is, it should be owned and controlled by the farmers themselves. The farmers should have a voice in its policies and should receive a fair share of the profits.

The cooperative should be a fountain of progress. It should provide the farmers with better tools, better seeds, and better methods of farming. It should also provide them with opportunities for education and training.

The cooperative should be a source of social security. It should provide the farmers with insurance against the risks of the market and against the risks of old age and sickness.

The cooperative should be a factor in the improvement of the rural community. It should promote the social welfare of the farmers and their families.

In conclusion, the cooperative movement is a great opportunity for the farmer to improve his economic and social condition. It is a way of life that is worth fighting for.
The items in these areas are arranged in groups of four vertically in seven columns. The problem areas follow the group of four horizontally across the page. Space is provided at the extreme right for scoring.

On the face of the form blanks are provided for the date of birth, the name of the School of Nursing, the class in the School of Nursing, the name of the person to whom the paper is to be returned, the student's name or other identification if desired, the date, and the directions for filling out the list, which are as follows:

This is not a test. It is a list of troublesome problems which often face students in schools of nursing—problems of health, social life, relations with people, studying and the like. You are asked to go through the list, pick out the particular problems which are of most concern, and make a summary interpretation in your own words. More specifically, you are to take these three steps:

(1) Read the list slowly, pause at each item and if it suggests something which is troubling you, underline it thus, "1. Tiring very easily." Go through the whole list underlining the items which suggest troubles (difficulties, worries) of concern to you.

(2) After completing the first step, look back over the items you have underlined and circle the numbers in front of the items which are of most concern to you, thus "1. Tiring very easily."

(3) After completing the first and second steps, answer the summarizing questions on pages five and six.

Administration of the Check Lists

In December 1950, both schools were visited and permission obtained from the directors to conduct the study.
The page in the image is blurry and the text is not legible. Therefore, it is impossible to provide a natural text representation of the content.
In March 1951 the schools were revisited. After a meeting with the faculties in which the purpose and procedure of the survey were discussed, the check lists were administered to 231 of the students in School A and to the 24 students in School B.

Participation in the study was entirely voluntary. As School A was not able to provide class time in which the students could fill out the list, provision was made for the writer to speak to the students for a few minutes at the beginning of a regular class period to explain the purpose of the study and to invite their cooperation. Those students who were not having class were seen in their time off duty on an appointed day. The students in School B were given a class period in which to fill in the check lists.

The following statement indicates the approach used by the writer in an attempt to gain the cooperation of the students.

**Introductory Statement to Students**

As you have been told, I am a graduate student at Boston University. For this reason I am interested in students and very much aware that all students have problems. Having attended this School of Nursing, I am interested in you in particular. It seems that wherever there are people there are problems of all sorts to be faced, and schools of nursing are certainly no exception. Instructors and super-
In January 1967 the school was vacated. With the
satisfaction in which the company and backers of the
scheme were entertained, the school was reopened on
February 3rd, 1967, and the new arrangement was
enacted by the following:

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visors are aware of this, but they can better meet our needs if they know what our problems really are. We are the only people who can supply that information.

All nurses today are familiar with the phrase "the patient as a person." Nurses as well as patients are people and we too have emotional, social and economic problems. It seems only logical to assume that if we are to understand the patient's problems, we must first be able to understand and cope with our own.

In order to determine your greatest needs, a survey is being undertaken in this school. The method which has been selected to uncover your problems is a Problem Check List. Form for schools of nursing. Miss Morison, a nurse vitally interested in the welfare of students, devised this list from the most frequently reported problems of 500 nursing students in the United States. As you will notice, the directions state that this is not a test. It is a list of troublesome problems which often face students in nursing schools—problems of health, social life, studying and the like. You are asked to go through the list, picking out the problems which are of concern to you, indicating those which are of most concern and making a brief summary interpretation in your own words. More specific directions are given on the front of the form. In order that you may feel completely free when filling in the list, please do not fill in your name, only your age and class.
I would like to invite your cooperation in this project—if you are interested and wish to participate, please take one of the forms, fill it in and return it sealed in the accompanying envelope before _______ of this week, to the office of the secretary where I will pick it up. I assure you that I will be the only person to see the check lists and the report which is sent back to the school will have no reflection on any individual. When you are filling out the form, please be honest with yourself and check the problems which are really troubling you. This is going to be a cooperative project—you fill out the list and I will summarize the findings and send a report to you and to the school, which by locating the most prevalent problems expressed by this group could be used as a guide to new developments, and in revisions of the curriculum and administrative program. You have been given an opportunity to express yourself and I am certain that the faculty are most interested in what you have to say. Are there any questions which you would like to ask?

Thank you all for your attention.

Return of the Check Lists

The students were asked to return the lists within two days if possible, to a box provided for the purpose in the office of the secretary. Of the total of 163 forms returned (63.9 per cent) all but 13 of these were returned within the
I want you to include your cooperation in this report

In order to accomplish this, I will try to explain the

reasons behind the need for cooperation. Please note

that I appreciate your understanding and support in

this matter. I hope to see your cooperation in the

future.

Thank you for your understanding.
allotted time. The percentage of returns by classes are found in Tables II and III.

Table II. Number and Percentage of Returns from School A.

<table>
<thead>
<tr>
<th>Class</th>
<th>Number in Class</th>
<th>No. Distributed</th>
<th>Number Returned</th>
<th>Percentage Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1954 A</td>
<td>52</td>
<td>50</td>
<td>41</td>
<td>82.0</td>
</tr>
<tr>
<td>1953 B</td>
<td>52</td>
<td>28</td>
<td>16</td>
<td>57.1</td>
</tr>
<tr>
<td>1953 A</td>
<td>41</td>
<td>32</td>
<td>21</td>
<td>65.6</td>
</tr>
<tr>
<td>1952 B</td>
<td>65</td>
<td>60</td>
<td>20</td>
<td>33.3</td>
</tr>
<tr>
<td>1952 A</td>
<td>36</td>
<td>31</td>
<td>20</td>
<td>64.5</td>
</tr>
<tr>
<td>1951 B</td>
<td>59</td>
<td>51</td>
<td>21</td>
<td>67.7</td>
</tr>
<tr>
<td>Total</td>
<td>303</td>
<td>232</td>
<td>139</td>
<td>60.12</td>
</tr>
</tbody>
</table>

Table III. Number and Percentage of Returns from School B.

<table>
<thead>
<tr>
<th>Class</th>
<th>Number in Class</th>
<th>No. Distributed</th>
<th>Number Returned</th>
<th>Percentage Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1955</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>100</td>
</tr>
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<td>1954</td>
<td>4</td>
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<td>4</td>
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</tr>
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<td>5</td>
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<td>5</td>
<td>100</td>
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<tr>
<td>1952</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>100</td>
</tr>
</tbody>
</table>

There was a 60 per cent return by the students in School A and a 100 per cent return by the students in School B. In School A the preclinical students who had been in the school for only a period of six weeks participated most freely while the class of 1952 B participated the least.
CHAPTER III

ANALYSIS OF THE DATA

In this chapter the data assembled from the problem check lists has been analyzed and is presented according to: the areas in which the majority of problems were found and the items within these areas which were causing concern in both schools and in all years; the reactions of the students to the summarizing questions at the end of the form; the patterns of problems reported by some of the individual students.

Analysis of the Problem Areas

Number and Range of Problems Marked

The 165 students from both schools marked 5857 items, an average of 35.37 per student. This average differed remarkably little between the two groups— the students in School A marking an average of 36.04 and those in School B marking an average of 35 items per student.

Of the 5857 items underlined, 1449 or almost one quarter were also circled, indicating that they were of most concern. The average number of items circled in both schools was 8.89: 8.88 in School A and 8.91 in School B. Here too is found a striking similarity. It is also interesting to note that these averages are slightly less than those found by Miss Dill in the study made in Boston mentioned previously.
CHAPTER II

ANATOMY OF THE TOWERS

In order to explain the basic anatomy of the towers, we need to understand the basic principles of their construction. This involves an understanding of the structure and function of the towers as a whole.

The towers are built on a foundation of concrete, which provides a strong base for the structure. The concrete is then reinforced with steel, which adds strength and rigidity to the towers. The steel is also used to create a network of cables that connect the different parts of the towers together.

The towers are then covered with a layer of concrete, which provides a weatherproof surface. The concrete is mixed with a special type of aggregate that is designed to be durable and resistant to the elements.

Once the towers are built, they are then used for a variety of purposes. Some are used as observation points, while others are used as communication towers. Still others are used as lighting masts for ships and boats.

In order to ensure the safety of those who work on the towers, a series of safety measures are put in place. These include the use of special equipment, such as safety harnesses, and strict safety protocols.

The towers are also designed to be able to withstand natural disasters, such as earthquakes and hurricanes. This is achieved through the use of special construction techniques, such as the use of flexible joints in the structure.

In conclusion, the anatomy of the towers is a complex and intricate system that is designed to be both strong and flexible. Through the use of careful planning and construction, the towers are able to meet the needs of those who use them, while also ensuring the safety of those who work on them.
She found the average number of problems underlined to be 33.8\(^1\) and the average number circled to be 11.2\(^2\). The average number of problems found by Miss Schmitt were also similar – 37.46\(^3\) for the troublesome problems and 9.08\(^4\) for those of most concern.

The range of problems in the two schools varied considerably however. In School A the students underlined from 4 to 111 items and circled from 0 to 45. In School B from 14 to 82 items were underlined and from 0 to 25 were circled.

**Rank Order of Problem Areas Underlined and Circled.**

**In School A.**

Over fifty per cent of the problems underlined by the students in this school fall into only five of the thirteen areas on the check list. More problems were marked in the area of Social and Recreational Activities than in any other. Of the total of 5017 items underlined by the students in School A, 558 or 11.1 per cent, fell into this area. The other four areas arranged in rank order were: Adjustment to the School of Nursing, Adjustment to the Administration of Nursing Care, Health and Physical Development and Personal-

\(^1\text{Dill, op. cit., p. 15.}\)
\(^2\text{Ibid., p. 16.}\)
\(^3\text{Schmitt, op. cit., p. 34.}\)
\(^4\text{Ibid., p. 35.}\)
Psychological Relations.

The areas underlined the least by the group as a whole and by the classes were: Courtship, Sex and Marriage, Morals and Religion and Home and Family. The significance of this could only be determined by further study.

Figure 1 may be used to note the differences in the depth of concern in the major problem areas as determined from the problems underlined in relation to those circled. Although more items were underlined in the area of Social and Recreational Activities, the students expressed more concern over the Adjustment to the School of Nursing, circling 166 items or 13 per cent of the total. Over fifty per cent of the problems of most concern fell into only five areas. Including the Adjustment to the School of Nursing, these were in descending order of rank: Social and Recreational Activities, Finances and Living Conditions, Health and Physical Development and Adjustment to the Administration of Nursing Care.

Less than ten per cent of the number circled by the entire group and by each class fell into the areas of Home and Family, Courtship, Sex and Marriage and Morals and Religion.

In School B.

Fifty per cent of all problems underlined by students in School B were in the areas of Social and Recreational
**PROBLEM AREAS**

Social Recreational Activities

Adjustment to the School of Nursing

Adjustment to Administration of Nursing Care

Health and Physical Development

Personal-Psychological Relations

Finances and Living Conditions

Curriculum and School Program

Future: Professional and Educational

Social-Psychological Relations

Adjustment to Human Relations in Nursing

Courtship, Sex and Marriage

Morals and Religion

Home and Family

---

**Legend**

- Problems underlined
- Problems circled

**Source**

Table 1 in Appendix

**FIGURE 1**

SCHOOL A—PERCENTAGE OF ITEMS UNDERLINED AND CIRCLED IN RANK ORDER OF TOTAL NUMBER OF PROBLEMS UNDERLINED
Activities, Finances and Living Conditions, Personal-Psychological Relations, Adjustment to the Administration of Nursing Care and Curriculum and School Program. As in School A, the greatest number of problems underlined were in the areas of Social Recreational Activities; specifically, 103 of the 840 marked or 12.2 per cent.

Problems in the areas of Morals and Religion and Home and Family constituted less than ten per cent of the total.

The differences in the per cent of problems underlined and circled within the problem areas can be found in Figure 2, on the following page. A startling contrast exists between the area in which the greatest number of problems were underlined and the area which is causing the most concern. More than twice as many problems (18.7 per cent of the total) were circled in the area of Finances and Living Conditions as were circled in any other area. Equal concern was then expressed for problems in Social and Recreational Activities, Personal-Psychological Relations, Curriculum and School Program, Adjustment to the School of Nursing and Health and Physical Development. The percentage of problems circled in each of these areas was 8.9.

Morals and Religion and Home and Family remained areas of least concern and with the area of Adjustment to Human Relations in Nursing contained less than ten per cent of all the items circled. However, there were more than five times as many problems of concern in the area of Home and Family
The text on this page is not clearly legible due to the quality of the image and appears to be filled with random symbols and characters. It is not possible to provide a meaningful or accurate transcription of this page.
**PROBLEM AREAS**

<table>
<thead>
<tr>
<th>Problem Area</th>
<th>Percentage</th>
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<tr>
<td>Social Recreational Activities</td>
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<td>Finances and Living Conditions</td>
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<tr>
<td>Curriculum and School Program</td>
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<td>Adjustment to Human Relations in Nursing</td>
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<td>Courtship, Sex and Marriage</td>
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<tr>
<td>Morals and Religion</td>
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<tr>
<td>Home and Family</td>
<td></td>
</tr>
</tbody>
</table>

**Legend**
- Problems underlined
- Problems circled

**Source**
Table 2 in Appendix

**FIGURE 2**

**SCHOOL B - PERCENTAGE OF ITEMS UNDERLINED AND CIRCLED**

**IN RANK ORDER OF TOTAL NUMBER OF PROBLEMS UNDERLINED.**
(5.1 per cent) as there were in the area of Morals and Religion (.9 per cent).

Comparison of Problem Areas in School A and School B

By Problem Areas Underlined

In both School A and School B the problems having to do with Social and Recreational Activities were marked most frequently. In both schools Adjustment to Human Relations in Nursing, Courtship, Sex and Marriage, Morals and Religion and Home and Family were consistently last. Although Curriculum and School Program ranked seventh in School A and fifth in School B, the same percentage (8.1) was found in each. A difference of only .3 per cent existed in the number of problems in Personal-Psychological Relations although the area ranked fifth in School A and third in School B. There was also a close correlation in Adjustment to Administration of Nursing Care which ranked third in School A containing 9.9 per cent of their problems and fourth in School B with 8.8 per cent of the total number.

The greatest difference occurred in the area of Adjustment to the School of Nursing. In School A it ranked second with 10.9 per cent of all the problems underlined. In School B it was sixth and contained 7.3 per cent of the problems. Although Finances and Living Conditions ranked sixth in School A and second in School B, there was less difference in the percentage of problems marked: 9.2 per cent in the former
and 11.8 per cent in the latter. Students in School A marked 9.7 per cent of their problems in Health and Physical Development ranking it fourth, while the students in School B marked 7.5 per cent of their problems in this area and ranked it seventh.

On analysis it is evident that there are comparatively few differences in the number of problems underlined by the students of the two schools. The rank order of the first and the last four problem areas remained constant while the greatest change in rank order which occurred was a shift from second to sixth position and vice versa.

**By Problem Areas Circled**

The rank order of the problem areas according to the number of items causing the most concern remained constant for four areas, the second—Social Recreational Activities, the tenth—Adjustment to Human Relations in Nursing, the eleventh—Home and Family and the twelfth—Morals and Religion. The percentage of the total number of problems marked in these areas differed by 2.4 per cent in the first and 1.6 per cent in the other three. The higher percentage was in School A for the first and the fourth and in School B for the second and third of these. There was also a 1.6 per cent difference in Health and Physical Development which shifted from fourth position in School A to sixth position in School B.

Future: Professional and Educational, which was eighth
in School A and ninth in B, exchanged places with Social-Psychological Relations which was ninth in A and eighth in B. The difference in percentage was only .4 in the former and 2.2 in the latter.

Although Personal-Psychological Relations and Curriculum and School Program changed three places in rank order (from third to sixth and fourth to seventh respectively) there was only a percentage difference of 1.1 and .4 respectively.

A change in percentage of over four occurred in Adjustment to the School of Nursing and Adjustment to the Administration of Nursing Care which shifted in rank order from A to B from first to fifth and from fifth to tenth. The greatest change in percentage, 4.7 per cent, and in rank order, five, occurred in the area of Courtship, Sex and Marriage, which was twelfth in rank order in School A accounting for only 3.2 per cent of the problems of most concern and seventh in School B with 7.9 per cent of these problems.

There is considerably more difference in opinion between the students of the two schools about which problem areas are of the most concern than there was in the total number of problems marked in these areas. In a comparison of the schools by the rank order of the problem areas circled, it was found that four areas retained their rank order, two areas differed by only .4 per cent, and five more differed by less than two per cent. There were four areas in which the percentage differed by over four, two of these changing five
places in rank order.

Rank Order of Problem Areas in Each Year

School A

First Year Students. The average number of problems per student underlined was 7.6 and circled was 8.3. The average age of the first year students was 19.5. Over fifty per cent of their problems fell into the areas of: Adjustment to the School of Nursing, Social Recreational Activities, Health and Physical Development and Personal-Psychological Relations. As might be expected, they also circled the largest number of problems in the area of Adjustment to the School of Nursing, over eight per cent more in fact than in any other area. Health and Physical Development was second in rank order according to the number of problems circled.

Second Year Students. An average of 45.1 problems were underlined and 9.7 problems were circled by each student in the second year. The average age for this group was 20. Five areas contained over fifty per cent of their problems. These were in rank order of the number underscored: Social Recreational Activities, Adjustments to the Administration of Nursing Care, Personal-Psychological Relations, Curriculum and School Program and Finances and Living Conditions. The largest number of items causing real concern to these students however, had to do with Finances and Living Conditions. This was followed by their Adjustment to the Administration of Nursing
Care, the Curriculum and School Program and then Social Recreational Activities.

Third Year Students. These students whose average age was 20.9 underlined an average of 38.1 and circled an average of 8.9 problems each. The areas in which they located over fifty per cent of their problems were: Adjustment to the Administration of Nursing Care, Finances and Living Conditions, Social Recreational Activities, Curriculum and School Program, Health and Physical Development and the Future: Professional and Educational. More problems were circled in the area of Finances and Living Conditions than in any other. They then expressed most concern over problems in Adjustment to the Administration to Nursing Care, Social Recreational Activities, Curriculum and School Program and Personal-Psychological Relations.

Comparison of Problem Areas in the Three Years

By a comparison of the problem areas underlined and circled by each year it is possible to determine the particular areas needing emphasis in order to assist the students in making more satisfactory adjustments. This distribution of emphasis is illustrated in Figure 3, on the following page.

a. By Problem Areas Underlined

Although there were more problems underlined by the group as a whole in the area of Social Recreational Activities, it was ranked first by only the second year students. The first
If the co-operative and co-op movement are to be

Function of Co-operative Organisations

The function of co-operative organisations is to provide a

Mechanism of Co-operative Activity

The mechanism of co-operative activity is based on the

Operation of Co-operative Organisations

The operation of co-operative organisations is based on the

Leadership of Co-operative Organisations

The leadership of co-operative organisations is based on the

Co-operation in Co-operative Activity

Co-operation in co-operative activity is based on the

Coordination of Co-operative Activity

Coordination of co-operative activity is based on the

Evaluation of Co-operative Activity

Evaluation of co-operative activity is based on the

Development of Co-operative Activity

Development of co-operative activity is based on the

Stimulation of Co-operative Activity

Stimulation of co-operative activity is based on the

Protection of Co-operative Activity

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Expansion of Co-operative Activity

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Action of Co-operative Activity

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SCHOOL A—COMPARISON OF CLASSES BY PERCENTAGE OF PROBLEMS
UNDERLINED AND CIRCLED ACCORDING TO RANK ORDER OF TOTAL
NUMBER OF PROBLEMS UNDERLINED BY ENTIRE GROUP
year students ranked it second and the third year students ranked it third.

The area of Adjustment to the School of Nursing, which ranked first for the first year students, fell to seventh place for the second and third year students.

Health and Physical Development was also mentioned more frequently by the first year group (who ranked it third) than by the other two. Second year students ranked Personal-Psychological Relations third, while the first year ranked it fourth and the third year ranked it eighth.

The problems concerning Adjustments to the Administration of Nursing Care became increasingly more numerous, taking fifth place in the first year, second place in the second year, and first place in the third year. Finances and Living Conditions also rose from sixth place in the first year to fifth place in the second year and second place in the first year.

Social-Psychological Relations ranked seventh in the first year and ninth in the other two. However, the next area, Curriculum and School Program which was ninth in the first year, was ranked fourth by the second and third year students.

As would be expected, the third year students had more problems concerning the future than the other two groups although they ranked the area only sixth. It ranked eighth in the second year and ninth in the first year.
Your question cannot be partially understood.

The Board of Regents of the Univerity of Michigan

belong to the two "Great Power" lists of
colleges and universities. To this end, the

Health and Hygiene Development was also undertaken more

teaching in the first few years (and leaving it off) than

of the former school. Second, the administrative center for educational-

development. Therefore, the ideal that is taken to

The Board requires cooperation with the administrations to the

program once becomes more important. Only

together, and the ideal that is taken to

Critical and over some sixty places in the second

Social-educational-research project was

then, the need
ds that have been taken of the second and third year

The Board requires cooperation with the

in the second year and third year in the first

year.

by many in excess of some forty-year programs.

In University of Michigan...
Courtship, Sex and Marriage ranked eleventh in each year and Home and Family last. Morals and Religion, which ranked tenth in the first year and twelfth in the other two, changed places with Adjustment to Human Relations in Nursing.

b. By Problem Areas Circled

The changes in rank order of the problem areas according to the number of problems circled were rather few. There was a marked consistency in the ranking of the areas by the second and third years, indicating that their problems were similar in nature. In both groups the problems of Finances and Living Conditions held first place while those concerned with their Adjustment to the Administration of Nursing Care were second.

It is also worth noting that although Social and Recreational Problems were the most numerous, they did not constitute the problems about which the students were most concerned. In this ranking they were third for the first and third years and fourth for the second year students.

Rank Order of Problem Areas in Each Year of School B

First Year Students. The average number of problems underlined and circled by these students were 26.7 and 8.2 respectively. Their average age was 19.5 years. Two problem areas contained both the largest number of problems and those about which they were most concerned. These were Adjustment to the School of Nursing and Health and Physical Development,
the former containing the largest number underscored and the latter the largest number circled.

The areas of least concern to all students in this year were Curriculum and School Program, and Morals and Religion.

Second Year Students. The average age of the students in their second year was 19.7 years. They underscored an average of 36.2 and circled an average of 6.5 problems each. The areas in which the largest number of these problems were located were Adjustment to the School of Nursing, Social Recreational Activities, Social-Psychological Relations and Personal-Psychological Relations respectively. However, in rank order of the problem areas with which they were most concerned, Personal-Psychological Relations was first, followed by Adjustment to the School of Nursing, Social-Psychological Relations and Courtship, Sex and Marriage. Few problems were underlined or circled in the areas of Future: Professional and Educational or Home and Family.

Third Year Students. The average number of problems underscored was 26.5 of which an average of 5.2 were also circled. The ages of these students averaged 21.4. The first two areas in rank order of the number of problems underlined were Social Recreational Activities and Personal-Psychological Relations. However, twice as many problems were of real concern in the area of Personal-Psychological Relations than in any other. They also expressed more concern over the future and the problems in Courtship, Sex and Marriage than they did
problems in Social Recreational Activities.

**Fourth Year Students.** The average number of problems underlined by the fourth year students was 52.7; the average number circled was 13.2. Their ages averaged 22.3 years. Items in the area of Finances and Living Conditions were consistently underscored and circled most frequently. Social Recreational Activities ranked second as far as the total number of items underlined but Curriculum and School Program held this rank according to the number of problems about which they were really concerned. Adjustment to the Administration of Nursing Care ranked fourth in both the number circled and the number underlined.

**Comparison of Problem Areas in the Four Years**

A comparative graph of the problem areas underlined and circled by each of the four years in School B is shown in Figure 4, on the following page. This helps to clarify the periods of adjustment which are most difficult for each group.

a. **By Problem Areas Underlined.**

Third year students in School B underlined the smallest average number of items of any class in either school. The largest average number of problems was underlined by the fourth year students in the same school. The area of Social and Recreational Activities which contained the largest number of problems for the entire group, was ranked first by the third year students, second by the students in their second year and fourth year, and third by the first year students.
FIGURE 1

SCHOOL B - COMPARISON OF CLASSES BY PERCENTAGE OF PROBLEMS UNDERLINED AND CIRCLED

ACCORDING TO RANK ORDER OF TOTAL NUMBER OF PROBLEMS UNDERLINED BY ENTIRE GROUP

Legend:  
- Problems underlined  
- Problems circled

Source: Tables 6,7,8, and 9 in appendix
* - Code symbols explained on page 15
The first two years had the largest number of problems in
the area of Adjustment to the School of Nursing which was
ranked eleventh by both the third and fourth year students.
Finances and Living Conditions ranked first with the fourth
year students, second with the third year students and third
with the first and second year students. The number of prob-
lems in the areas of Curriculum and School Program and Adjust-
ment to Human Relations in Nursing, showed a progressive in-
crease from the first to the fourth year.

There were more problems concerning the Home and Family
and Adjustment to Human Relations in Nursing underscored by
the first year students than by any other group, and more
in Morals and Religion were underlined by fourth year stu-
dents. Second and third year students had twice as many prob-
lems in the area of Courtship, Sex and Marriage as did the
others.

b. By Problem Areas Circled.

First year students expressed the most concern over health
problems which were of comparatively little concern to the
other groups. First and second year students had as many
problems related to their adjustment to the School of Nursing
as the third and fourth year students were having with the
Curriculum and School Program. In the third and fourth years
Personal-Psychological Problems ranked first, constituting
over thirty per cent of the total number circled by the
former and almost twenty-five per cent of those by the latter.
Third and fourth year students were much more concerned with problems of Finances and Living Conditions. In the fourth year, these constituted over a quarter of all the problems circled.

Four areas predominated noticeably in only one year, in which they were circled more than twice as frequently. In the first year it was the Adjustment to Human Relations in Nursing and in the second, Social-Psychological Relations. Problems about the future were outstanding in the third year and in the fourth year, there were more difficulties in the Adjustment to the Administration of Nursing Care.

Second and third year students had four times as many Courtship, Sex and Marriage Problems of real concern as did the first and fourth year students who in turn had at least five times as many Home and Family Problems. Only the second year students had many problems of Morals and Religion and they were the group least concerned with Social and Recreational Problems which had approximately a consistent rating in the other three years.

Analysis of the Items Within the Problem Areas

By examining the items checked most frequently by the students, it is possible to see just which problems are the most prevalent. These are presented in the tables on the following pages. The items underlined by 25 per cent or more of the students in School A are shown in Table IV and of School
If adjuvant treatment cannot cure cancer, more effective treatment may be needed, to improve survival or quality of life. If surgery is unable to remove all tumor cells, adjuvant treatment may be used to destroy any remaining cells and prevent recurrence.

In some cases, radiation therapy and chemotherapy may be used together. Radiation therapy kills cancer cells with high-energy X-rays, while chemotherapy uses drugs that kill cancer cells throughout the body. The choice of treatment depends on the stage and type of cancer, as well as the patient's overall health.
B in Table V. The items of real concern circled by 10 per cent or more are listed in Table VI for both schools.

In School A, 36 items were marked by 25 per cent or more of the students. Of these, 21 were circled by at least 10 per cent. Twenty-five per cent of the students in School B marked 43 common items, of which 19 were also circled by at least 10 per cent. Three additional items were circled by over 10 per cent but not underlined by a quarter of the students.

Twenty-five per cent of the students in both schools underlined 22 common items, nine of which were circled by at least 10 per cent. Of these nine common and important problems, four, having to do with the lack of outside air, financial dependence on the family, the lack of self-confidence and worry over examinations are frequently reported by other students in this age group. The other five, directly related to the schools of nursing, were: "not enough time for recreation," "too little credit given for good nursing care," "not being trusted outside the Nurses' Home," and "Director of Nurses lacks understanding of students."

The two common problems marked by over fifty per cent of the students in both schools were: "not getting enough outdoor air and sunshine" and "not being trusted outside the Nurses' Home."
In the event of any concern arising, please contact the nearest office of the firm referred to. In the event of any concern arising, please contact the nearest office of the firm referred to.

The firm reserves the right to modify its policies and procedures as it deems necessary or advisable, and the firm shall not be liable for any damages incurred by any party as a result of such modification.

IN TEST, FOR.
Table IV. Rank Order of Problems Underlined Most Frequently by 159 Students in School A.

<table>
<thead>
<tr>
<th>Problems Underlined</th>
<th>No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By One Half or More</strong></td>
<td></td>
</tr>
<tr>
<td>* Not getting enough outdoor air and sunshine.</td>
<td>101</td>
</tr>
<tr>
<td>* Not being trusted outside the Nurses' Home.</td>
<td>73</td>
</tr>
<tr>
<td><strong>By One Third or More</strong></td>
<td></td>
</tr>
<tr>
<td>* Too little time for sports</td>
<td>67</td>
</tr>
<tr>
<td>* Too tired from nursing duties to study.</td>
<td>67</td>
</tr>
<tr>
<td>Off-duty time not scheduled so one can plan for it</td>
<td>66</td>
</tr>
<tr>
<td>* Director of Nurses lacks understanding of students</td>
<td>62</td>
</tr>
<tr>
<td>* Not enough time for recreation</td>
<td>59</td>
</tr>
<tr>
<td>* Not enough sleep</td>
<td>57</td>
</tr>
<tr>
<td>* Lacking self-confidence.</td>
<td>57</td>
</tr>
<tr>
<td>Unable to concentrate well</td>
<td>57</td>
</tr>
<tr>
<td>* Worrying about examinations</td>
<td>56</td>
</tr>
<tr>
<td>Fear failure in School of Nursing</td>
<td>55</td>
</tr>
<tr>
<td>* Disliking financial dependence on family</td>
<td>54</td>
</tr>
<tr>
<td>Too little chance to know patient as a &quot;whole&quot;</td>
<td>52</td>
</tr>
<tr>
<td>Infrequent all night or late permits</td>
<td>51</td>
</tr>
<tr>
<td>School too indifferent to students' problems</td>
<td>51</td>
</tr>
<tr>
<td>* Can't seem to please some supervisors.</td>
<td>51</td>
</tr>
<tr>
<td>* Afraid of making mistakes</td>
<td>49</td>
</tr>
<tr>
<td>* Too little credit given for good nursing care.</td>
<td>47</td>
</tr>
<tr>
<td>Don't know how to study effectively</td>
<td>46</td>
</tr>
<tr>
<td><strong>By One Quarter or More</strong></td>
<td></td>
</tr>
<tr>
<td>* Failing to organize my work well</td>
<td>45</td>
</tr>
<tr>
<td>Unable to express myself in words</td>
<td>43</td>
</tr>
<tr>
<td>* Too much discipline in the Nurses' Home.</td>
<td>41</td>
</tr>
<tr>
<td>* Inability to remain awake in class</td>
<td>41</td>
</tr>
<tr>
<td>* Tiring of the same meals all the time.</td>
<td>40</td>
</tr>
<tr>
<td>* Unable to lead a well-rounded life</td>
<td>39</td>
</tr>
<tr>
<td>* Moodiness, having the &quot;blues&quot;</td>
<td>38</td>
</tr>
<tr>
<td>Getting home too seldom</td>
<td>38</td>
</tr>
<tr>
<td>* Tiring very easily</td>
<td>37</td>
</tr>
<tr>
<td>* Taking things too seriously</td>
<td>37</td>
</tr>
<tr>
<td>Nervousness</td>
<td>37</td>
</tr>
<tr>
<td>Wondering if I'll be a success in life</td>
<td>37</td>
</tr>
<tr>
<td>Afraid to speak up in class discussions</td>
<td>36</td>
</tr>
<tr>
<td>Supervisors not trusting us enough</td>
<td>36</td>
</tr>
<tr>
<td>* Too little chance to enjoy art or music.</td>
<td>35</td>
</tr>
<tr>
<td>Wanting a more pleasing personality</td>
<td>35</td>
</tr>
<tr>
<td>* Items also checked by 25 per cent or more in School B.</td>
<td></td>
</tr>
<tr>
<td>Problems Underlined</td>
<td>No. of Students</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>By One Half or More</strong></td>
<td></td>
</tr>
<tr>
<td>* Not getting enough outdoor air and sunshine.</td>
<td>16</td>
</tr>
<tr>
<td>* Not being trusted outside the Nurse's Home.</td>
<td>12</td>
</tr>
<tr>
<td>* Too much discipline in the Nurse's Home.</td>
<td>12</td>
</tr>
<tr>
<td>* Too little chance to enjoy art or music.</td>
<td>12</td>
</tr>
<tr>
<td><strong>By One Third or More</strong></td>
<td></td>
</tr>
<tr>
<td>* Can't seem to please some supervisors.</td>
<td>11</td>
</tr>
<tr>
<td>* Disliking financial dependence on family.</td>
<td>10</td>
</tr>
<tr>
<td>* Too little chance to read what I like.</td>
<td>10</td>
</tr>
<tr>
<td>* Worrying about examinations.</td>
<td>10</td>
</tr>
<tr>
<td>* Too much repetition of some topics.</td>
<td>10</td>
</tr>
<tr>
<td>* Dislike caring for demanding patients.</td>
<td>10</td>
</tr>
<tr>
<td>* Seniority rule carried too far.</td>
<td>10</td>
</tr>
<tr>
<td>* Tiring very easily.</td>
<td>9</td>
</tr>
<tr>
<td>* Tiring of the same meals all the time.</td>
<td>9</td>
</tr>
<tr>
<td>* Not enough time for recreation.</td>
<td>9</td>
</tr>
<tr>
<td>* Taking things too seriously.</td>
<td>9</td>
</tr>
<tr>
<td>* Wanting to get out of school and on my own.</td>
<td>9</td>
</tr>
<tr>
<td>* Failing to organize my work well.</td>
<td>9</td>
</tr>
<tr>
<td>* Not enough sleep.</td>
<td>8</td>
</tr>
<tr>
<td>* Unable to lead a well-rounded life.</td>
<td>8</td>
</tr>
<tr>
<td>* Too little chance to do what I want to do.</td>
<td>8</td>
</tr>
<tr>
<td>* Too much work required in some courses.</td>
<td>8</td>
</tr>
<tr>
<td>* Inability to remain awake in class.</td>
<td>8</td>
</tr>
<tr>
<td>* Too little credit given for good nursing care.</td>
<td>8</td>
</tr>
<tr>
<td><strong>By One Quarter or More</strong></td>
<td></td>
</tr>
<tr>
<td>Lacking a place to entertain friends.</td>
<td>7</td>
</tr>
<tr>
<td>* Moodiness, having the &quot;blues&quot;.</td>
<td>7</td>
</tr>
<tr>
<td>* Afraid of making mistakes.</td>
<td>7</td>
</tr>
<tr>
<td>* Lacking self-confidence.</td>
<td>7</td>
</tr>
<tr>
<td>* Having too many subjects at one time.</td>
<td>7</td>
</tr>
<tr>
<td>* Dull classes.</td>
<td>7</td>
</tr>
<tr>
<td>* Too tired from nursing duties to study.</td>
<td>7</td>
</tr>
<tr>
<td>Nursing care assignments unevenly distributed.</td>
<td>7</td>
</tr>
<tr>
<td>Too little money for clothes.</td>
<td>6</td>
</tr>
<tr>
<td>Having less spending money than others.</td>
<td>6</td>
</tr>
<tr>
<td>Living conditions don't provide &quot;home environment&quot;.</td>
<td>6</td>
</tr>
<tr>
<td>Missing former social life.</td>
<td>6</td>
</tr>
<tr>
<td>Speaking or acting before I think.</td>
<td>6</td>
</tr>
<tr>
<td>Feeling inferior.</td>
<td>6</td>
</tr>
<tr>
<td>Tend to complain too much.</td>
<td>6</td>
</tr>
<tr>
<td>Worrying about unimportant things.</td>
<td>6</td>
</tr>
</tbody>
</table>
Table V. Rank Order of Problems Underlined Most Frequently by 24 Students in School B.

<table>
<thead>
<tr>
<th>Problems Underlined</th>
<th>No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Director of Nurses lacks understanding of students</td>
<td>6</td>
</tr>
<tr>
<td>Hospital insisting on routine at any price</td>
<td>...</td>
</tr>
<tr>
<td>Forgetting things</td>
<td>...</td>
</tr>
<tr>
<td>* Items also checked by 25 per cent or more in School A</td>
<td></td>
</tr>
</tbody>
</table>

(Continued)

<table>
<thead>
<tr>
<th>School A (86 students)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Not being treated considerate towards boys</td>
<td></td>
</tr>
<tr>
<td>Having very many of the same things</td>
<td></td>
</tr>
<tr>
<td>Having too many assignments unreasonably distributed</td>
<td></td>
</tr>
<tr>
<td>Having too many subjects at one time</td>
<td></td>
</tr>
<tr>
<td>Director of Nurses lacks understanding of students</td>
<td></td>
</tr>
<tr>
<td>Can't seem to please some supervisors</td>
<td></td>
</tr>
<tr>
<td>Getting enough outdoor air and sunshine</td>
<td></td>
</tr>
<tr>
<td>Getting in debt for nursing expenses</td>
<td></td>
</tr>
<tr>
<td>Having to work every single day</td>
<td></td>
</tr>
<tr>
<td>Feeling compliance too much</td>
<td></td>
</tr>
<tr>
<td>Lacking self-confidence</td>
<td></td>
</tr>
<tr>
<td>Absence of any friends</td>
<td></td>
</tr>
<tr>
<td>Worrying about examinations</td>
<td></td>
</tr>
<tr>
<td>Too tired from nursing besides to study</td>
<td></td>
</tr>
<tr>
<td>Too little credit given for good nursing care</td>
<td></td>
</tr>
<tr>
<td>Too little time for sports</td>
<td></td>
</tr>
<tr>
<td>Too much work required in some courses</td>
<td></td>
</tr>
<tr>
<td>Please section for exact number</td>
<td></td>
</tr>
<tr>
<td>Table 1: Year wise Progression of Advertising with Technology</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2020</td>
</tr>
<tr>
<td>Improvements in Advertising Technology</td>
<td></td>
</tr>
<tr>
<td>Copyright Pledge</td>
<td></td>
</tr>
<tr>
<td>;</td>
<td></td>
</tr>
<tr>
<td>Overall Progression</td>
<td></td>
</tr>
<tr>
<td>A graphic view showing the data can be more detailed.</td>
<td></td>
</tr>
</tbody>
</table>
Table VI. Rank Order of Problems Circled by Ten Per Cent or More of the Students in Both Schools.

<table>
<thead>
<tr>
<th>Problems Circled</th>
<th>No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A (189 Students)</td>
<td></td>
</tr>
<tr>
<td>* Not being trusted outside the Nurses' Home</td>
<td>34</td>
</tr>
<tr>
<td>* Not getting enough outdoor air and sunshine</td>
<td>31</td>
</tr>
<tr>
<td>* Director of Nurses lacks understanding of students</td>
<td>28</td>
</tr>
<tr>
<td>* Lacking self-confidence</td>
<td>24</td>
</tr>
<tr>
<td>* Not enough sleep</td>
<td>23</td>
</tr>
<tr>
<td>* Too tired from nursing duties to study</td>
<td>23</td>
</tr>
<tr>
<td>Off-duty time not scheduled so one can plan for it</td>
<td>22</td>
</tr>
<tr>
<td>* Worrying about examinations</td>
<td>21</td>
</tr>
<tr>
<td>* School too indifferent to students' problems</td>
<td>21</td>
</tr>
<tr>
<td>* Fear failure in school of nursing</td>
<td>20</td>
</tr>
<tr>
<td>* Not enough time for recreation</td>
<td>20</td>
</tr>
<tr>
<td>* Don't know how to study effectively</td>
<td>19</td>
</tr>
<tr>
<td>* Disliking financial dependence on family</td>
<td>17</td>
</tr>
<tr>
<td>* Unable to express myself in words</td>
<td>16</td>
</tr>
<tr>
<td>* Nervousness</td>
<td>15</td>
</tr>
<tr>
<td>* Too little credit given for good nursing care</td>
<td>15</td>
</tr>
<tr>
<td>* Too little time for sports</td>
<td>14</td>
</tr>
<tr>
<td>* Getting home too seldom</td>
<td>14</td>
</tr>
<tr>
<td>* Failing to organize my work well</td>
<td>14</td>
</tr>
<tr>
<td>* Having too many subjects at one time</td>
<td>14</td>
</tr>
<tr>
<td>* Director of Nurses lacks understanding of students</td>
<td>14</td>
</tr>
<tr>
<td>* Can't seem to please some supervisors</td>
<td>14</td>
</tr>
<tr>
<td>* Not getting enough outdoor air and sunshine</td>
<td>13</td>
</tr>
<tr>
<td>* Going in debt for nursing expenses</td>
<td>13</td>
</tr>
<tr>
<td>* Having to watch every penny I spend</td>
<td>13</td>
</tr>
<tr>
<td>* Tend to complain too much</td>
<td>13</td>
</tr>
<tr>
<td>* Lacking self-confidence</td>
<td>13</td>
</tr>
<tr>
<td>* Absence of boy friend</td>
<td>13</td>
</tr>
<tr>
<td>* Worrying about examinations</td>
<td>13</td>
</tr>
<tr>
<td>* Too tired from nursing duties to study</td>
<td>13</td>
</tr>
<tr>
<td>* Too little credit given for good nursing care</td>
<td>13</td>
</tr>
<tr>
<td>* Too little time for sports</td>
<td>13</td>
</tr>
<tr>
<td>* Too much work required in some courses.</td>
<td>13</td>
</tr>
<tr>
<td>* Items common to both groups</td>
<td></td>
</tr>
</tbody>
</table>
In the following section the items most frequently reported in each area will be discussed according to their relative importance to the students of School A and School B. Only the items underlined by 25 per cent or more have been included in the tables.

Health and Physical Development

Table VII. Items in the Area of Health and Physical Development Underlined by 25 Per Cent or More of the Students.

<table>
<thead>
<tr>
<th>Problems</th>
<th>Underlined</th>
<th>Circled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School A (139 Students)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not getting enough outdoor air and sunshine</td>
<td>101</td>
<td>31</td>
</tr>
<tr>
<td>Not enough sleep</td>
<td>57</td>
<td>23</td>
</tr>
<tr>
<td>Tiring very easily</td>
<td>37</td>
<td>11</td>
</tr>
<tr>
<td><strong>School B (24 Students)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not getting enough outdoor air and sunshine</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Tiring very easily</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Not enough sleep</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

The same three problems were consistently underlined most frequently by both groups of students. "Not getting enough outdoor air and sunshine" was underlined by 72 per cent of the students. This is a common problem of most young people. Fifty per cent of the first and second year students in School B who have not yet had a hospital affiliation, also underscored this problem. As in most large hospitals, the residences in School A are located on the hospital grounds and connected by underground tunnels to the main building, contributing further to the problem. Difficulty in adjusting
In the following section are listed some technical notes on the problem of...
to an indoor life may be one cause of the problem. However, a study of the free time available in which the student could get outdoors, and an examination of the facilities available are indicated. If the time and facilities are adequate, then motivation or other factors need to be considered. The students who are really concerned with this problem may need to consider for the future, a field of nursing in which there is more opportunity for outdoor life.

Other problems, although not underlined by as many students, may be more important to the individuals concerned. Some of the more frequent of these were: poor complexion, poor teeth, tired feet and menstrual disorders.

Finances and Living Conditions

Table VIII. Items in the Area of Finances and Living Conditions Underlined by 25 Per Cent or More of the Students.

<table>
<thead>
<tr>
<th>Problems</th>
<th>Underlined</th>
<th>Circled</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A (139 Students)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not being trusted outside the Nurses' Home</td>
<td>73</td>
<td>54</td>
</tr>
<tr>
<td>Disliking financial dependence on family</td>
<td>54</td>
<td>17</td>
</tr>
<tr>
<td>Infrequent all night or late permits</td>
<td>51</td>
<td>22</td>
</tr>
<tr>
<td>Too much discipline in the Nurses' Home</td>
<td>41</td>
<td>11</td>
</tr>
<tr>
<td>Tiring of the same meals all the time</td>
<td>40</td>
<td>6</td>
</tr>
<tr>
<td>School B (24 Students)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not being trusted outside the Nurses' Home</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Too much discipline in the Nurses' Home</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Disliking financial dependence on family</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Tiring of the same meals all the time</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Too little money for clothes</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Having less spending money than others</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Living conditions don't provide &quot;home environment&quot;</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>
to make appropriate, logical, or grammatical corrections or additions. However, sometimes it may be necessary to correct errors in the text or improve the clarity of the information presented. This process involves a careful analysis of the meaning and context of the text, and may require the use of additional references or resources to ensure accuracy. In some cases, it may be necessary to consult with experts in the field or to seek feedback from others to ensure that the corrections are appropriate.

The importance of accurate and reliable information cannot be overstated. In many fields, such as science, medicine, and law, the information provided in written documents can have significant implications for individuals and society as a whole. Therefore, it is important to ensure that the text is carefully edited and reviewed to ensure that it is accurate and reliable.

In conclusion, the process of editing and reviewing written documents is an important step in ensuring that the information presented is accurate and reliable. By carefully analyzing the text and making appropriate corrections, it is possible to improve the quality of the information and ensure that it meets the needs of the intended audience.
"Not being trusted outside Nurses' Home" ranked second on the list of most frequently reported items in both schools, and in School A, it was the problem causing most concern to the largest number of students. It was also the problem mentioned most frequently in the summaries at the end of the Check List. This finding contrasts sharply with that of Miss Schmitt who found the item underscored by only ten students out of a group of 715. This feeling that they are not trusted along with the disciplinary problem in the residence call for further investigation.

The problem of financial dependence upon the family is commonly found among post high school students continuing their education. The university students were a little more concerned with the lack of spending money and money for clothes.

Although some students felt that their diet was not well balanced, a much larger number complained of tiring of the same meals. Institutional meals are many times scheduled in advance following a definite sequence and become monotonous particularly for the students who do not have enough money for additional snacks, restaurant meals and visits home.

The majority of students do not have single rooms but only one student underscored the item "living with unsatisfactory roommates."

Social Recreational Activities
### Table IX. Items in the Area of Social Recreational Activities Underlined by 25 Per Cent or More of the Students.

<table>
<thead>
<tr>
<th>Problems</th>
<th>Underlined</th>
<th>Circled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School A (139 Students)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too little time for sports.</td>
<td>67</td>
<td>14</td>
</tr>
<tr>
<td>Not enough time for recreation.</td>
<td>59</td>
<td>20</td>
</tr>
<tr>
<td>Unable to lead a well-rounded life.</td>
<td>39</td>
<td>11</td>
</tr>
<tr>
<td>Too little chance to enjoy art or music</td>
<td>35</td>
<td>10</td>
</tr>
<tr>
<td><strong>School B (24 Students)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too little chance to enjoy art or music</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Too little time for sports.</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Too little time to read what I like.</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Not enough time for recreation.</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Unable to lead a well-rounded life.</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Too little chance to do what I want to do</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Lacking a place to entertain friends.</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Missing former social life.</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

Most of the real problems in this area are stated to be due to lack of time for extra-curricular activities. This finding seems to indicate the desirability of an investigation into the amount and distribution of time available for recreation along with a review of the amount of guidance desirable to assist the students to develop habits in the worthy use of leisure time. It is important to realize that many of these students have come to a strange city and have become absorbed in the routine of a large hospital. It takes courage and determination for them to venture forth into the community and to find a place within a new group. Too little has been done in schools of nursing to help the students meet other young people their own age and to become at ease socially. Young people today have many attractive fields from which to
The Name of the Place of Meeting was Missionary Conference. The Date of the Meeting was Sunday, August 15th, 1953.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>123 Main St, Anytown, USA</td>
</tr>
<tr>
<td>Jane Smith</td>
<td>456 Oak Ave, Anytown, USA</td>
</tr>
<tr>
<td>Bob Johnson</td>
<td>789 Pine Rd, Anytown, USA</td>
</tr>
</tbody>
</table>

The Purpose of the Conference was to discuss the Future Plans of the Missionary Work in the Area. The Rev. Dr. Smith, the President of the Conference, delivered the opening address. The conference was attended by representatives from various missionary societies and local churches.

Several keynote addresses were given by prominent missionaries and scholars, including Dr. Brown, who discussed the challenges of missionary work in the region. The conference ended with a panel discussion on the role of the church in promoting peace and justice in the area.
choose, in which it is possible "to lead a well-rounded life."
It is essential that we in nursing strive to make our pro-
fection likewise in order that we may attract young women who
have and who will continue to have well-rounded personalities.

The lack of a place to entertain friends may be related
to the item "living conditions don't provide a 'home environ-
ment,'" which was marked by a considerable number in the area
of Finances and Living Conditions. In relation to this it
should be noted that the residences do not provide small in-
formal date rooms or recreation rooms.

Social-Psychological Relations

Table X. Items in the Area of Social-Psychological Relations
Underlined by 25 Per Cent or More of the Students.

<table>
<thead>
<tr>
<th>Problems</th>
<th>Underlined</th>
<th>Circled</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A (139 Students)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wanting a more pleasing personality. . . . .</td>
<td>35</td>
<td>11</td>
</tr>
<tr>
<td>School B (24 Students)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaking or acting before I think. . . . .</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Feeling inferior . . . . . . . . . . . . . . .</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Tend to complain too much. . . . . . . . .</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

In the area of Social-Psychological Relations, the stu-
dents were most concerned with developing a more pleasing
personality. "Speaking or acting before I think," "feeling
inferior," "tend to complain too much" and "shyness" were
also frequently reported. These are all problems which should
be recognized by the faculty and an attempt made to help the
students concerned. Too frequently it is the shy quiet student who is considered the "good" student, while in reality she may be the most maladjusted student in the school.

**Personal-Psychological Relations**

**Table XI. Items in the Area of Personal-Psychological Relations Underlined by 25 Per Cent or More of the Students.**

<table>
<thead>
<tr>
<th>Problems</th>
<th>Underlined</th>
<th>Circled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School A (139 Students)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lacking self-confidence</td>
<td>57</td>
<td>24</td>
</tr>
<tr>
<td>Afraid of making mistakes</td>
<td>49</td>
<td>13</td>
</tr>
<tr>
<td>Moodiness, having the &quot;blues&quot;</td>
<td>38</td>
<td>8</td>
</tr>
<tr>
<td>Taking things too seriously</td>
<td>37</td>
<td>15</td>
</tr>
<tr>
<td>Too self-centered.</td>
<td>37</td>
<td>9</td>
</tr>
<tr>
<td><strong>School B (24 Students)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking things too seriously</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Moodiness, having the &quot;blues&quot;</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Lacking self-confidence</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Worrying about unimportant things</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Forgetting things.</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>

A lack of self-confidence was the problem in this area about which the students were most concerned. It probably is also the problem behind the fear of making mistakes which was expressed frequently. An oversensitivity on the part of the students is suggested by the number who felt that they took things too seriously and who worried about unimportant things. "Having the blues" is certainly not an abnormal condition in that people are continually adjusting, but when over one quarter of the students consider their moodiness a problem it would seem to indicate that further investigation into its


<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tasking, Sailing, and Navigating</td>
</tr>
<tr>
<td>2</td>
<td>Combat, Navigation, and Seamanship</td>
</tr>
<tr>
<td>3</td>
<td>Marksmanship, Seamanship, and Navigation</td>
</tr>
<tr>
<td>4</td>
<td>Combat, Navigation, and Seamanship</td>
</tr>
<tr>
<td>5</td>
<td>Navigation, Seamanship, and Fighting</td>
</tr>
<tr>
<td>6</td>
<td>Navigation, Seamanship, and Fighting</td>
</tr>
<tr>
<td>7</td>
<td>Navigation, Seamanship, and Fighting</td>
</tr>
</tbody>
</table>

A lack of experience and knowledge can pose a serious threat to the crew.

In preparation for operation, and during the operation of each mission, it is important to have a clear understanding of the mission's objectives and the role of each crew member.

The commander is responsible for the mission's success and should ensure that all crew members understand their roles and responsibilities. The

mission planning and coordination by the commander and the crew is crucial for the successful completion of the mission.

Tools, skills, and equipment must be regularly maintained and ready for use. If any equipment malfunctions or requires maintenance, it should be

brought to the attention of the commander immediately. The commander must ensure that all crew members are aware of the situation and that the appropriate actions are taken.
cause is desirable. In speaking about this type of student, Boyd said:

She will not be a success either personally or professionally, if she is emotionally unstable, lacking in adaptability and self-reliance, or so disorganized in her personal structure that she is unable to work or to associate with others. Modern nursing education must strive to develop more than a woman trained in medical techniques. If the most important attributes of a nurse are character and a well-organized personality, then the training program must endeavor to produce a mature, poised, balanced woman who possesses personality traits that will be an asset in her work and in her life.¹

Several students circled the following items as being of real concern to them: "Sometimes wishing I'd never been born," "not doing anything well," "afraid of a nervous breakdown," "nobody understands me," and "nobody to tell my troubles to." These responses seem to indicate that there is a need for investigation into the teaching and supervisory methods and the counseling services available to students.

Courtship, Sex and Marriage

Although no one item was underscored by 25 per cent of either group, all items within this area were marked at least once. "Wondering if I'll find a suitable mate" was the item most frequently underlined and circled in School A. In School B "being in love" was the problem causing the most concern. Some of the students who found being in love a problem, verbalized about this in the summaries. They were undecided

¹Boyd, op. cit., p. 2.
as to whether or not finishing this long and expensive program was worthwhile when they were planning to be married soon after graduation.

Other frequently reported problems in both schools were: "wondering if I'll ever get married," "too few dates," and "wanting love and affection."

**Home and Family**

Only one problem in this area was found in the list of items reported by 25 per cent or more, and it existed only in School A. This was "getting home too seldom." However, a considerable number of students also expressed concern over the sacrifices their parents were making for them. Not one student underscored the item, "parents not trusting me," and in the written summaries many drew a comparison between the trust their parents had in them and the lack of trust placed in them by the school.

**Morals and Religion**

Only one item was underscored by 25 per cent of either group. The three most frequently reported items were: "can't forget some mistakes I've made," "failing to go to church" and "confused in my religious beliefs." It should be pointed out once again, however, that although these problems were not reported in large numbers, they may be of very great concern to a few individuals.

**Adjustment to the School of Nursing**
Olive Tree

Olive Oil

Olive Trees

Olive Branch

Olive Leaf
Table XII. Items in the Area of Adjustment to the School of Nursing Underlined by 25 Per Cent or More of the Students.

<table>
<thead>
<tr>
<th>Problems</th>
<th>Underlined</th>
<th>Circled</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A (139 Students)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to concentrate well</td>
<td>57</td>
<td>22</td>
</tr>
<tr>
<td>Worrying about examinations</td>
<td>56</td>
<td>21</td>
</tr>
<tr>
<td>Fear failure in school of nursing</td>
<td>55</td>
<td>20</td>
</tr>
<tr>
<td>Don't know how to study effectively</td>
<td>46</td>
<td>19</td>
</tr>
<tr>
<td>Unable to express myself in words</td>
<td>43</td>
<td>16</td>
</tr>
<tr>
<td>Afraid to speak up in class discussions</td>
<td>36</td>
<td>8</td>
</tr>
<tr>
<td>School B (24 Students)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worrying about examinations</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Having too many subjects at one time</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

The problems in this area deserve careful consideration. The most frequently reported items suggest tensions and anxieties which will definitely hinder some students' progress in the school. The inability to concentrate, and the lack of verbal facility reported by over a quarter of the students do not predict a successful career in nursing. Three items although only circled by two or three students deserve special mention. These are: "dislike of nursing," "being a nurse on insistence of family" and "wanting to leave nursing." These responses raise questions concerning techniques used in the selection and admission of students. Recognizing the fact that no technique is perfect and that selection is a continuous process, the school has a responsibility to direct such students into fields of work for which they are better suited.

Future: Professional and Educational

Although all items in this area were marked at least
<table>
<thead>
<tr>
<th>Location</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

**Importance:**

1. Area
2. Location
3. Space
4. Time
5. Information
6. Understanding
7. Knowledge
8. Experience
9. Skills
10. Abilities
once, only one in each school was underscored by more than 25 per cent of the students. In School A it was "wondering if I'll be a success in life," and in School B, "wanting to get out of school and on my own." Both of these problems are commonly found among young adults. This is not to say that they are not worthy of consideration however. A listing of the next most frequently reported items, "afraid I'll never become an 'R.N,'" "need information about the future fields of work," "needing to know my professional abilities," "not able to decide what nursing fields to enter," "fear I won't get a good recommendation from the school" and "wanting advice on steps after leaving school" suggest that some group guidance could be done in the study of future fields of work.

Curriculum and School Program

Table XIII. Items in the Area of Curriculum and School Program Underlined by 25 Per Cent or More of the Students.

<table>
<thead>
<tr>
<th>Problems</th>
<th>Underlined</th>
<th>Circled</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A (139 Students)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too tired from nursing duties to study.</td>
<td>67</td>
<td>23</td>
</tr>
<tr>
<td>Director of Nurses lacks understanding of students</td>
<td>62</td>
<td>23</td>
</tr>
<tr>
<td>School to indifferent to students problems</td>
<td>51</td>
<td>21</td>
</tr>
<tr>
<td>Inability to remain awake in class</td>
<td>41</td>
<td>6</td>
</tr>
<tr>
<td>School B (24 Students)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too much repetition of some topics</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Too much work required in some courses</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Inability to remain awake in class</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Dull classes</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Too tired from nursing duties to study</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Director of Nurses lacks understanding of students</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>
The text on the page seems to be partially illegible due to the nature of the handwriting and the condition of the document.

```
Labor

<table>
<thead>
<tr>
<th>Grade</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>70</td>
</tr>
<tr>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>5</td>
<td>75</td>
</tr>
<tr>
<td>6</td>
<td>90</td>
</tr>
</tbody>
</table>

School (RE-Student)

1  O1 
2  O2 
3  O3 
4  O4 
5  O5 
6  O6 
7  O7 
8  O8 
9  O9 
10 O10

School (Student)

1  O1 
2  O2 
3  O3 
4  O4 
5  O5 
6  O6 
7  O7 
8  O8 
9  O9 
10 O10
```

It is interesting that many of the students marking "too tired from nursing duties to study" and "inability to remain awake in class" did not underscore the items in the area of Health and Physical Development concerning fatigue- "tiring very easily," and "not enough sleep." It is logical to assume that these students are quite healthy normal individuals who simply need a change after eight and a half hours of nursing duties and classes. In School A, the very small minority marking "dull classes," "instructors lacking grasp of subject matter," "unfair instructor," "courses too unrelated," "too much repetition of some topics," "tests often unfair" and "instructors too theoretical" indicates that on the whole the students are well satisfied with the education they are receiving. Although they expressed this confidence in the school, a large percentage of the students felt that the school, the Director and the supervisors neither understood nor cared about their personal problems.

Students in School B were more concerned with the actual curriculum- "dull classes," "too much repetition of some topics" and "too much work required in some courses." They also felt too tired to do the required studying and the students affiliating in the hospital were concerned with what they felt was a lack of understanding on the part of the Director.
I request that the device be turned to face me. If I may, I would like to make a few observations about the current situation. It appears that there are some miscommunications taking place. A careful examination of recent developments suggests that we are facing a critical juncture. It is essential that we act decisively to ensure a favorable outcome. In light of recent events, I propose that we consolidate our efforts and commit to a coordinated strategy.

Thank you for your attention to these matters. I believe we are on the cusp of a significant breakthrough. Let us proceed with caution and determination.

[Signature]

Date
Adjustment to Human Relations in Nursing

Table XIV. Items in the Area of Adjustment to Human Relations in Nursing Underlined by 25 Per Cent or More of the Students.

<table>
<thead>
<tr>
<th>Problems</th>
<th>Under- Circled</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A (139 Students)</td>
<td></td>
</tr>
<tr>
<td>Can't seem to please some supervisors</td>
<td>51 10</td>
</tr>
<tr>
<td>Supervisors not trusting us enough</td>
<td>36 10</td>
</tr>
<tr>
<td>School B (24 Students)</td>
<td></td>
</tr>
<tr>
<td>Can't seem to please some supervisors</td>
<td>11 4</td>
</tr>
<tr>
<td>Disliking caring for demanding patients</td>
<td>10 1</td>
</tr>
</tbody>
</table>

In this area too the problems deal with the interpersonal relations between the students and the faculty. None of the students felt that the "supervisors don't understand our educational needs," but they did feel that they were not trusted by the staff and that too much was expected of them. Some students specified that the demanding patients whom they disliked caring for were those "who were not really sick."

Adjustment to the Administration of Nursing Care

Planning off-duty time for nursing students is not an easy task. However, this problem was underscored by almost half of the students in School A and appeared frequently in the summaries. It is possible that if a better feeling existed between the staff and the students, the students might be more understanding of changes in their time off which were absolutely necessary. On the other hand, every effort should be made to plan the time as far in advance as possible.
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<td>Table (1) Definitions</td>
</tr>
<tr>
<td>3</td>
<td>Table (2) Definitions</td>
</tr>
<tr>
<td>4</td>
<td>Table (3) Definitions</td>
</tr>
<tr>
<td>5</td>
<td>Table (4) Definitions</td>
</tr>
<tr>
<td>6</td>
<td>Table (5) Definitions</td>
</tr>
<tr>
<td>7</td>
<td>Table (6) Definitions</td>
</tr>
</tbody>
</table>

In the Home of the Department, the importance of the information presented in the preceding sections cannot be overstated. The definitions provided in Table (1) to Table (6) are crucial for the development and implementation of the program. Further details will be elaborated on in subsequent sections.
Table XV. Items in the Area of Adjustment to the Administration of Nursing Care Underlined by 25 Per Cent or More of the Students

<table>
<thead>
<tr>
<th>Problems</th>
<th>Underlined</th>
<th>Circled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School A (139 Students)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off-duty time not scheduled so one can plan for it</td>
<td>66</td>
<td>22</td>
</tr>
<tr>
<td>Too little chance to know the patient as a &quot;whole&quot;</td>
<td>52</td>
<td>13</td>
</tr>
<tr>
<td>Too little credit given for good nursing care</td>
<td>47</td>
<td>15</td>
</tr>
<tr>
<td>Failing to organize my work well</td>
<td>45</td>
<td>14</td>
</tr>
<tr>
<td><strong>School B (24 Students)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seniority rule carried too far</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Failing to organize my work well</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Too little credit given for good nursing care</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Nursing care assignments unevenly distributed</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Hospital insisting on routine at any price</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>

Both groups felt that they did not organize their work well, and that they were not given enough credit for good nursing care. It would seem that both these problems could be rectified with little trouble. Well-deserved praise goes such a long way, the cost is slight, and the dividends are many.

"Too little chance to know the patient as a 'whole','" was causing considerable concern to the students of School A. Could this in part be due to the fact that this school uses a functional method of assignment, whereas the students from School B use the patient-care method of assignment in the same situation? Whatever the reason, these students are alert to
<table>
<thead>
<tr>
<th>Form No.</th>
<th>Type of Information</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>12A</td>
<td>Item 1</td>
<td>Description</td>
</tr>
<tr>
<td>12B</td>
<td>Item 2</td>
<td>Description</td>
</tr>
</tbody>
</table>

**Note:** Important information or form data may need to be completed and submitted.
the advantages inherent in learning by "wholes" versus learning by parts.

Almost 25 per cent of the students in School A underscored "failure of departments to orient students." Orientation is a continuous process; it is not finished after the activities of the first week are over. One cannot rightly conclude that because one ward has the same floor plan as another that there is no need to orient new personnel. Each situation is unique in some respects and an introduction to the patients to whom the student has been assigned is just a matter of courtesy.

In School B the students were also concerned with the seniority rule. This is quite understandable considering that they have spent two years in the permissive atmosphere of a university where a democratic system is in operation. They also felt that their nursing care assignments were unevenly distributed, and that the hospital insisted on routine at any price.

Analysis of the Responses to the Summarizing Questions

This section deals with the data obtained from the summaries at the end of the Check List. Here most of the students wrote freely of their problems, their reactions to the Problem Check List and to the knowledge that someone is interested in their problems.

The actual number of students in both schools answering
The relationship between the "offer" and the "acceptance" is a critical aspect of contract law. Negotiations between the parties are often the foundation of a successful agreement. It is important to understand the legal implications of each step in the process to ensure that the contract is valid and enforceable.

In the context of sales and purchase agreements, the "offer" is essentially a proposal made by one party to another, who may then accept or reject the proposal. The "acceptance" is the confirmation of the original offer by the other party, indicating their agreement to the terms of the offer.

When a contract is formed, both parties must have a meeting of the minds on the essential terms of the agreement. This requires clear communication and mutual understanding. Parties should also consider seeking legal advice to ensure that the terms of the contract are fair and protect their interests.

In summary, the "offer" and "acceptance" are crucial elements in the formation of a valid contract. Both parties must be aware of their rights and responsibilities to ensure a successful and legally binding agreement.
questions can be found in the summarizing tables 10 and 11 in the appendix. An analysis of the responses to these questions, with a sampling of the written summaries, follows:

1. "Do you feel that the items you have marked on the list give a well-rounded picture of your problems?"

Eighty-four per cent of all the students felt that the list did cover their problems. In School A the first year students gave a 74 per cent "yes," the second year 78 per cent and the third year 85 per cent. In School B the question was answered in the affirmative by 83 per cent of the first year students, 75 per cent of those in the second year, 100 per cent of those in the third year and 67 per cent of the fourth year students.

The negative response to the question was made by six per cent of the total group, ten per cent of the first year, two per cent of the second year and none of the third year students in School A; 17 per cent of the first year, 25 per cent of the second year, none of the third year and 11 per cent of the fourth year students in School B.

Ten per cent of the students made no response to the question.

The majority of students felt that this list did cover their problems. Only 14 of the 364 items on the Check List were not marked at all. There were:

- too much social life
- being made fun of
- parents separated or divorced
- living too close to home
belonging to a minority religious group
being forced to go to church
disliking church services
instructors lacking grasp of subject matter
courses too unrelated to each other
supervisors don't understand our educational needs
supervisors too friendly
having difficulty in following doctors' orders
maintaining loyalty to the doctor
disliking caring for male patients.

Most of the additional items were but explanations and en-
largements of problems already marked, however, some of the
items added by the students which they seemed to wish em-
phasized will be included here.

School A.

First Year Students

Nervous in front of instructors and patients. Self-
conscious and bothered in front of people. People
of authority seem to forget that at one time they
were learning, instead they think that you should
know things perfectly and if not, you are positively
stupid. I believe that the girls would like only to
be treated a little on the human side and given a
little encouragement once in a while.

Second Year Students

Constant strain in off-duty hours, knowing that you
have to be in at a certain time ruins the simplest
pleasures. Overwhelming responsibility thrust upon
young nurses on duty but restrictions imposed off-
duty are those fit for a wayward child.

Worrying about getting work done in time and for-
getting about the patient himself.

Third Year Students

Unfair grading by some supervisors, according to per-
sonality rather than real ability.

The trouble here is that the instructors are far too
impersonal with the individual students, yet go out
of their way to find out personal things such as if
student is engaged, but fail to try and understand the students' troubles regarding nursing difficulties.

School B
First Year Students

I would like to study literature and history as well as science. I enjoy them and feel that they are necessary to a well-rounded life. Most of my friends are in arts and we do not talk science. Literature and history are more allied with the personality and life of people.

Third Year Students

Problem of continually having to adjust to new situations.

Fourth Year Students

University School of Nursing presents other problems—working the 'total patient care' system in with the 'functional system' on the wards creates confusion and unnecessary frustration when you can't do treatment etc. when you want them done.

2. How would you summarize your chief problem in your own words?

Seventy-eight per cent of all the students added summaries many of which were simply rewording of the problems already checked. The problems which were emphasized concerned studying and examinations, a disillusionment in nursing, the lack of trust outside the nurses' home and the impersonal manner of the supervisors. Some of the summaries made by the students are given below:

School A
First Year Students

There is so much new work at once that I find I can't grasp it as quickly as I should. I can't seem to study
How I wrote this to show how important it is to learn the
right language to be effective.
effectively, that is, I don't remember the things I have studied. I am afraid I'm not going to pass my exams.

I don't know anyone in the vicinity of Hamilton and therefore do not get out very much. I have no social life at all.

I feel tired continuously. When I come off duty I haven't the pep to study. I enjoy studying and looking up my patient's condition but I don't have the energy. Before training I kept up with world problems but now I feel that I know nothing about anything but the hospital. I would like to have some time to read, as I enjoy reading the classics but I do not have time. Also, I miss the fresh air and sports that I used to enjoy.

Have not been used to close connections with others and therefore am bothered and worried by it. Cannot make friends easily.

Since my father is not living, my chief problem is dependence on my mother. Before I came in training I was working and helping out at home besides having my own spending money. I miss this income but do like to ask my mother for it.

On reading over this list I realize I am too interested in myself and I worry about myself too much. Even though I am concerned about other people I should become a little more of an extrovert and so overcome some of my problems.

1. Learning to apply myself effectively and happily into the life of residence and nursing.
2. Feeling completely lost and the procedures completely leaving me when left in a room with four staring patients.
3. Feel tired and too little time to live. Realizing one can't have late nights and a gay life, there seems to be too little time to have any outside social life or outside reading barring studies.
4. Being a normal girl I would like to meet eligible nice boys since I am far from home and know none.
5. Too many assignments and new situations all at once causing nervous frustration and strain.
6. Too much school and theory thrown all at once.
7. Being neglected and completely unobserved by the head nurse until one does something wrong.
Second Year Students

1. I would like to know more about the opportunities in nursing as an R.N. and the qualifications needed. This should apply to Canada and the United States re post-graduate work as well.
2. I miss being able to entertain friends in my own home instead of having to say good-night at the door.
3. I would like to know more about myself and of my abilities both as a student and as a citizen.
4. I would like to learn how to develop my mind adequately and build a well-rounded personality.
5. Special guidance would be a great help and at times I do feel a need for encouragement.

I find too much stress on procedures and dignity of the nurses rather than on the human qualities of sympathy and generosity towards patients. Nurses seem to be placed on a pedestal from which they may look down on other people. This tends to develop snobishness and prejudice.

It is hard to come from a home in which you have been trusted as far as coming in hours are concerned and have to abide by very strict rules and regulations. It creates a resentful and rebellious attitude and confuses one on certain things.

My chief problem has not been mentioned previously; that is working shifts. I think we are on nights and 2:30-11:00 too much of the time. I develop severe cases of the "the blues" when I'm on these shifts and I can't seem to overcome them. As a result I can't seem to get sufficient sleep and as a result I'm always tired. I can't enjoy my work or my time off duty because of this tiredness.

Fear to me, and I'm sure to many others, is our greatest problem. If our supervisors would try to understand instead of always finding fault, much tension would be relieved not only for the students but the patients too. I also feel that we haven't the opportunity to treat the patient as an individual. We have so often to run to classes and are always worrying about getting our work done and forgetting about the patient.

I feel that our school lacks a social life, especially for those of us who are far from home. If some activities could be arranged, we would
have less time to sit in our rooms and complain. We have no way of getting out and meeting people our own age.

I feel that the students off-duty time is not her own. For example, any student found in a cocktail lounge is instantly dismissed, yet the staff can drink and do. Our five midnight passes and two overnights per month are inadequate. We have to be in at 10:30 every other night and as a result we clockwatch and don't enjoy ourselves.

My chief problems are those of every student nurse. No other profession works the hours, gets the pay, and yet is restricted to the extent the student nurse is. Time and the other professions march on while the nursing profession is still at attention.

I don't appreciate the way some supervisors have you sign a report and then go behind your back to write remarks of which you have no knowledge. Some take a personal dislike to you and base your whole report, no matter how hard you try, on petty things.

My chief problems are a feeling of inferiority, being nervous, and taking things too seriously. Also the fact that we are not trusted outside the nurses' residence although we must take practically full responsibility on a ward. We should be allowed to take an overnight before each day off. We usually take a late leave before our day off and get up early in the morning to go home. Therefore we get less sleep than if we went home overnight.

I find my biggest problem is getting used to eagle-eyed supervision of some supervisors and the dictatorial discipline off duty in the residence. My work is better, my personality more natural, my attitude more willing and the overall result better when I am not supervised. Too often the supervisor notices the 'paper bag not on the bed' although you are busy doing something far more important for some sick individual. If nursing is to be mechanically, then it has lost its purpose and nurses will become fewer and of poorer standards.

Student nurses are not to be trusted to be respectable well-behaved individuals outside the hospital. I don't frequent cocktail lounges but if an escort wanted me to go to one, I think the decision should be mine, not that of the hospital staff.
The supervisors seem to care nothing about the happiness of the students as they work on the wards. If our superiors were more understanding and pleasant and down to earth, they would find cooperation with the students much easier.

I think that nurses in training should be trusted on their time off and not have to be told where not to go. The instructors of nurses should be understanding of the students and realize that the world today is far different than it was 20 or 30 years ago especially in the way of social activities.

The instructors make too quick judgment of a nurse. Most of them form their opinion of you the first day you are on their ward and your reports are made out by the mistakes you made and not by the nursing care you have really given the patient.

I believe that nursing could be the most satisfying and enjoyable field open to any girl, but I have not found it so. I do not know whether it is the hospital in which I am training or my own personality which has caused me to come to the conclusion that I will not be proud of being an R.N. I like meeting people and helping them but the constant pressure of all that is to be done, frequent interruptions, unfair demands on time and energy are not compatible to a happy frame of mind. I could be content with the restrictions off-duty. I believe if I found my on-duty time less demanding. I have lost all respect for most head nurses and supervisors not so much as nurses but as citizens and women. I am afraid of becoming hardened in my attitude toward patients and life in general. I believe the whole nursing set up, at least in this hospital, is one which forces you to adopt the attitude of either doing things in the fastest, easiest (unethical) manner or else driving yourself to the breaking point for the work and ruining your physical and mental health. To survive you must sacrifice your former ideals of service on the highest plane and do even the most menial task thoroughly and well. I shall probably finish my training as I have no difficulty with the studies and actually can do the work better than most. But I'm certainly far from content and always ask myself 'must it be so?'

Third Year

The students of this training school have excellent
...the experiments were made to measure the effect of different treatments on the growth and development of the plant. The results showed that...
living conditions and I believe the students in general are satisfied as far as the training received is concerned. The main problem is not being allowed to live our own lives off duty.

I feel that we are not trusted in or out of residence but are expected to carry heavy responsibility on the ward. We also need a change of supervisors. They have become oblivious to us as people and think of us only as a cog in a great wheel. We work all day and are expected to work at our studies and write exams in the evening. I feel that I don't have enough money to carry out recreational activities but perhaps that is best.

My chief problems have to do with theory. I worry about my examinations before and after they are written although my marks are usually average or a little better. Another thing is lonesomeness—I only get home once a year and I see my family maybe two or three times a year. For example, it is eight months since I have seen my parents.

I am more inclined to be nervous and high-strung than most people and although I realize this myself, I find it extremely difficult to overcome it. I have always tried to do my best in anything I undertook, even as a child, and since I have come in training I find it hard to live up to this high standard; yet I feel a great sense of guilt and failure when I do not do as well as usual. I have a great deal of trouble with menstrual periods. I feel that this is due chiefly to emotional factors yet I am unable to control it. My periods last for weeks and although I never have any pain or cramps, I find it quite depressing. I am not a moody person and am quite happy in my chosen profession. However, at times I feel I could be much happier if I could only overcome this nervousness. Most people don't realize how much of a problem this is to me—especially the people I work with and many of my friends. I do not believe that even my parents realize it.

It is my opinion that the majority of students in our hospital are quite satisfied with just about everything in general except a few "petty" grievances.

Our personal life is interfered with too much and we certainly are not trusted when it comes to
I am grateful to have the opportunity to share my thoughts and experiences with you. I hope that you find my words useful and that they contribute to a better understanding of the issues we face.

It is important to recognize that the challenges we face today are not new. We have seen similar situations in the past, and we must learn from those experiences to make better decisions in the future.

One of the most critical challenges we face is the need for more effective communication. We must work to improve dialogue and understanding between different groups, particularly those who may have opposing viewpoints.

I believe that a strong educational system is essential for building a more informed society. We must invest in our children's education and ensure that they have access to the resources they need to succeed.

Finally, I want to emphasize the importance of resilience in the face of adversity. It is only through overcoming obstacles that we can truly achieve our goals.

Thank you for taking the time to listen to my words. I hope that you will consider these ideas and work towards creating a better future for all.
choosing our friends and the places where we would like to go. All the students are of average or above average intelligence or we would not be here and therefore we should be trusted to make our decisions for ourselves—other students who attend a university are allowed to do so.

Perhaps if we received a little more encouragement from the supervisors and head nurses our confidence would perk up a little also.

Choice of nursing or marriage. Staying in nursing because of (1) the family, (2) I hate to give it up now. Interest in nursing failed when I couldn't live up to ideals and theory because of need to always hurry.

My chief problem is wondering about the future and what branch of nursing I should enter. We do not have any information on the different positions open for us after graduation. Not being trusted in residence or off duty—questioned about our activities on late leaves or on nights out. Even parents on the whole trust their children more than we are trusted by the supervisors. If we have the ability to look after a ward, we have the ability to look after ourselves.

I think the chief problem is the tense strict atmosphere between the head nurses, supervisors and students. If fear was eliminated in the student by a friendlier and more helpful attitude on the part of the supervisor, I feel that there would be fewer mistakes made, the work would be done much better, and I'm sure the patients would feel better. The patients sense the tenseness and scared fear in the student nurse and this is not good. There is no time to talk to the patients as you are taught because of the fear of being caught standing doing nothing. If this chief problem was corrected, I'm sure all the others would iron themselves out in time.

I like nursing very much but there are many problems that bother me. I live too far to get home on a day off and can't understand why we can't get two days off together so it would be possible to get home at least once a month. Nurses are not given enough time off for recreation. Too much studying, clinics, and exams in off hours. Night nurses getting up in the middle of the afternoon for classes. Shift work is not evenly distributed,
some students get numerous 2:30-11:00 shifts or night shifts.

Our school is a nursing service and we spend more time on practical bedside nursing than on theory. To obtain our required time in theory we have clinics on the wards in our time off duty. On most of the wards you don't know your time off (except for your day off) for the next day until the evening before. During my two and a half years in training, I have had one Sunday off and less than five Saturdays. We have a day off a week usually with class or clinic at least every other day off and only two overnight leaves a month.

We have very few social affairs as staff members have to be present and they are usually too formal and uncomfortable.

Our company is watched closely. If a nurse is seen going out of residence with more than one man, she is questioned about it. If working evenings, she is questioned if seen going out with a man in the morning.

It is difficult to have male friends as we are so undependable. As sure as we make a date, we will have to work that evening. Boys will put up with only so much. We lose contact with the outside world and our old friends. We live only for our work.

The students of this training school would like the opportunity of trying the honor system—residence rules are too many and too strict. A student feels as if her social life is under constant scrutiny and on several occasions, students have been subjected to embarrassing situations due to questioning and distrust concerning their personal habits. I am sure that everybody wishes this survey success.

Nursing is a wonderful career but like any other we have our troubles which we would like discussed. I find that on the ward we can be trusted with the care of 50 patients or so yet when we come over to the residence, it seems we aren't old enough to take care of ourselves when going out with our boy friend. If for any reason we do come in late, our excuses are looked upon as though they were made up. If our parents trusted us before we entered nursing, then why can't the nursing supervisors trust us also.
I feel that I am not living the kind of life I should like to live. Nursing is broad in one sense but does not give the time or opportunity for enjoying the finer things of life, like music, art or literature. We are made to feel it is all work and nothing else. Nothing else matters but sacrificing your whole self to others. I fear that I will get in a 'rut', that I shall have nothing in common with well-rounded intelligent people. I would like an atmosphere of enthusiasm, learning for the joy of possessing knowledge and happiness in the work we have chosen.

Secondly, I think student nurses should have a counselor, one who is not on the staff or a supervisor. It is most important for nurses to have someone who understands her problems but who would keep them in strict confidence.

School B

First Year Students

My chief problem is being unable to secure enough energy and clear-headedness after the day is over to continue and finish any class work, assignments or studying. The days are too full and too tiring. My only other problem of great importance is finding a quiet place at home in which to study. My inadequate training in science in high school is also making my year difficult.

Second Year Students

My chief problem is having someone to confide in and talk things over with. I'm very close to my mother and father yet there are some things that I just can't tell them. My former friends at high school are all out of town this year and I am no longer able to talk over problems with my girl friend. As yet I have found no one in my class in whom I can have complete confidence.

I have not been able to concentrate as well ever since I got out of high school and therefore I do not get as good grades and it bothers me.

I also worry too much about being left out of things. I keep wondering if I will find someone to marry. I forget things easily and am too easily led by other people. I have a hard time in making up my mind; I am indecisive. I worry too much about examinations.
I am glad to have the opportunity to contribute to the discussion on the topic of AI ethics and its implications. AI technology has made significant progress in recent years, revolutionizing various fields such as healthcare, transportation, and finance. However, with this progress comes a growing concern about the ethical considerations and societal implications of AI technologies.

One of the key ethical issues in AI is the potential for algorithms to perpetuate and amplify existing biases. This can lead to unfair outcomes and decisions, particularly in areas such as hiring, lending, and criminal justice. It is crucial to ensure that AI systems are designed with transparency, accountability, and fairness in mind.

Another significant ethical consideration is the impact of AI on employment and the workforce. As AI automates tasks, there is a concern about the displacement of workers. It is essential to think about how we can retrain and reskill workers to adapt to the changing job market.

In conclusion, while AI offers immense potential for improving our lives, it is equally important to address the ethical challenges it presents. By doing so, we can ensure that AI is developed and deployed in a manner that is beneficial to society as a whole.
Third Year Students

Problems checked are not of much concern. Anticipation of needs by instructors is quite well carried out. The most pressing problem is that of endless adjustment which must be met by the individual.

My problems are slight. At times, however, I would like someone in Hamilton with whom I could talk things over. I seem to be easily hurt and moody if things go a bit wrong. It would be nice to feel free to talk to supervisors about things in the courses that we do not like.

My biggest problem right now is to decide what I want to do with my course after I have graduated and I would appreciate someone else's opinion.

Fourth Year Students

...Being in a university course you not only compare your school with other nursing schools, but with other university courses. I feel deprived at times because we get an excess of nursing and nothing along other lines. Taking some other subjects like English, History, Psychology, or a language—anything really would help immensely.

...I also feel that there is an improper feeling between the staff of the training school and the nursing supervisors towards all the students in this hospital. We have the feeling of being treated as children whereas we are made to behave as mature adults when on duty. We often feel afraid to do things for fear of losing several late leaves on an unfair basis.

3. Have you enjoyed filling out the list?

Eighty-eight per cent did enjoy filling out the list. In School A, a negative response was given by 13 per cent of the first year students, five per cent of the second year students and none of the students in their third year. In School B only one student, in her second year, did not enjoy the Check List. A response was omitted by six per cent
of the students in School A and four per cent of the stu-
dents in School B.

4. Whether you have or have not enjoyed filling out the list, do you think it has been worthwhile doing?

Eighty-seven per cent felt that filling out the list had been worthwhile. Only five per cent felt that it had not been worthwhile and eight per cent did not say.

Many students felt that it helped them to clarify their problems. They were interested to know that students in other schools had similar problems and they expressed surprise and gratification in the knowledge that people were interested in them as people. The following are typical reactions:

Reactions of Students Responding "Yes."

School A

First Year Students

Because it has awakened me to some personal de-
fects in my own character which I should like to remedy.

Those in charge of Schools of Nursing must first
know what problems bother the students before any-
thing can be done towards correcting them.

I feel that this is a step toward a better feeling
in my school.

Anyone likes to give opinions and this has given us
a chance. Whether it will or will not do us any good,
remains to be seen.

I think that if we can get our troubles out in the
open, we will feel better and perhaps we can get
some help in overcoming some of these difficulties.
I think if our troubles are out, someone will try
either to fix them up or will show us where we have gone wrong.

I think the School of Nursing should know how the students feel about the education they are receiving.

I think the list has been worthwhile doing because if all questions are answered honestly by all students, it gives a very clear idea of what the problems in a moderately large school of nursing are. As far as the personal side goes, I think it is of no avail as the teachers and supervisors have too much work to do without looking after the problems of hundreds of students.

I think it has been worthwhile to fill out this form since it may give the school some idea of the problems of the students and maybe some of them will be solved. It also gives me a better understanding of myself and my problems and I will be able to do more towards solving them.

It has given a chance for discussion of our personal problems among ourselves without embarrassment.

At first I felt that I should have more problems, but having gone through these very honestly, I was glad that I was so fortunate not to have many of these problems which I know are real problems to others.

Second Year

It seems to give me an outlet for these things that pile up inside just by seeing them written down and realizing that others must have some of the same problems.

I feel that something is to be gained from this survey. I don't think these improvements which may follow will affect us, but I do hope they will affect future nurses who follow us.

If enough of the students have filled out these reports— to the best of their ability— and the report of the result is returned to the school— then I believe it will be a big factor in improving our school as a whole.

It was interesting to really see your own personal problems on paper before you, as it not only makes
one more aware of personal problems but also makes
one realize that the problems concern a great num-
ber of people.

This list has made me realize a few things about
myself which I have never thought about before.

In filling out this list, I have felt as if someone
was really interested in me as an individual.

This Problem Check List came as quite a surprise to
me. I know that students have many problems, but
I thought that no one cared and that the patient was
the only one who was considered as a human being.

It has made me realize what exactly are my problems,
and that there are fewer than I thought there would
be. It is comforting to realize that someone is
interested in the problems of nurses. Perhaps
within ten years such check lists may help bring
about certain changes.

It gave me a chance to really see what was bothering
me- some things that I really couldn't put my fin-
gers on are outlined here- it also gave me a chance
to think these things over.

In filling out this list, I have realized that others
have the same problems. It makes you realize that
others have problems in their schools the same as ours.

Third Year

I have enjoyed filling out this list. It has made me
feel that someone seems interested in the student
nurse. I feel that too many people forget that the
student nurse is a human being, and does like to have
some fun outside of her nursing career.

Glad to find that I'm not the only one who has prob-
lems big or small.

Because I have put down on this sheet things I have
never admitted even to my best friends and loved
ones, and yet they are things that are real problems
to me. The opportunity to get them off my chest, as it were, has made me feel a little better about
them, and I am sure that in time, I will be able to
work them out satisfactorily.

I feel that by filling this list out with the rest of
my group, that at last some steps will be taken by those who have experienced nursing and are interested in nursing, toward helping future student nurses enjoy the profession more.

It is well worth the while if something is done about the problems that are worrying the majority of students.

If the results of these forms are shown to the head of our school of nursing possibly they will try to remedy some of our chief complaints if the same complaint is found on each form. They may not have realized how we felt before.

It is good to see your problems put into words, and written. Often something is bothering you, but you can't put your finger on it. Most of these problems are worded clearly and exactly.

My reaction to filling out this questionnaire is that some of the problems of the student nurses can be solved in the not too distant future.

It makes me feel a lot better to get it all off my chest even if I don't know who I'm telling it to.

I have enjoyed filling this list out as I have seen just what I find most difficult in training for a nurse. It also gives you an idea just what kind of person you really are.

I feel that any way the problems of student nurses can be brought into the open is worthwhile. I do not like to see any group grumble about conditions, but never bring them out into the open for it is unfair to those in authority and only breeds discontent and unfriendliness.

1. This test has brought to my attention the adjustments I have made, and those I have yet to make.
2. An opportunity to express my ideas and opinions.
3. A better understanding of what may be bothering student nurses as a whole and perhaps guiding my thinking constructively as to what may be done to reduce these to a minimum.

School B
First Year Students

I hope that this test will help the faculty to
understand the problems of first year students particularly. The adjustment from high school to university is very difficult, and their load of work is very heavy, making the first year very hard.

By checking off certain problems, I saw most clearly my faults and I shall try to do something constructive to remedy the situation.

Second Year Students

I was surprised to notice that others seem to have problems similar to mine as indicated by the type of questions asked.

My mother does public opinion polls, and I see the result of her polls in different advertising. If her polls are worthwhile so should these be worthwhile.

Third Year Students

I feel that there are still many difficulties which must be ironed out for a student nurse and that this is one of the best ways of doing it.

I feel that a student in a hospital school of nursing would have even more problems. It has helped me to see that my problems are not unique but common among nurses.

Fourth Year Students

The questions certainly covered about every aspect which concerns a student nurse. Some questions reminded me of things I have thought of many times. They seemed to 'hit the nail on the head.'

I think a survey of this nature should really benefit student nurses at some time or other even though not at present. Only through a survey of this nature can you possibly get a student's view of the situation. If you were to discuss a problem with someone in the hospital who could do something about it, you would probably be risking your chances of graduating.

Interested to hear total group problems and how they compare with my own; thinking of problems in an organized manner may help in solving them; airing of complaints is a relief to the emotions.
Reactions of Students Responding "No."

School A

First Year Students

I find that each statement which might apply to me states only half of the problem or else goes too far and gives more than the problem. In other words, so many different types enter a school of nursing, that no questions can be tailored to suit each one personally.

It may be worthwhile to the surveyor but I do not see that much can be done to change matters here.

I feel that most of these so called 'troublesome problems' are pointless. Some of them bother me occasionally but not to the point where I would become worried or lose any sleep over them. I enjoyed doing it just to see how silly these 'problems' actually are.

Second Year Students

From the point of view of the students of this hospital, I don't think it has been worthwhile as the staff is already aware of some of our grievances, about which nothing has been done.

It is taking time from my studying with an exam only two days away. I just hope it will help in the survey, that is the reason I am doing it. I like to help people.

I don't think the students will gain anything by this.

Third Year Students

I'm rather inclined to take a pessimistic attitude towards this survey. Although I do hope it does some good for following students, I think it will take a lot of work and planning on the part of authorities who have to have a lot of influence. The students have gone about trying for improvements in other ways and have been met by refusals. It's like banging your head against a stone wall.

School B
Fourth Year Students

I don't feel my answers would be much good in a survey because I don't have very many problems and those I have don't worry me very much. They always seem to straighten themselves out.

5. a. If the opportunity were offered would you like to talk over any of these problems with someone on the nursing faculty?

Fifty per cent of the students said that they would like to talk over their problems with someone on the nursing school faculty, 30 per cent said that they would not and 20 per cent did not answer. Of those responding in the affirmative in School A, 49 per cent were in the first year, 44 per cent were in the second year and 54 per cent were in the third year. Of those giving a negative response, 28 per cent were in their first year, 34 per cent were in the second year and 24 per cent were third year students.

In School B, 13 students responded "yes," 10 responded "no" and only one made no reply. Of those who wished to discuss their problems, three were in the first year, three in the third year and seven in the fourth year. There were three students in both the first and second years giving a negative response, and two in both the third and fourth years. One second year student made no reply.

A few comments were added by some of the students:

No, the nursing faculty puts profession first which of course is right, but since it is at the top it smothers ordinary life which is not seen by the faculty members.

No. We have already discussed our problems with
family your grandfather
I found that the music made him happy and
saw to his presence I got back with enthusiasm and
since I have come might be very profit.
vee to straightforward provision and

This has come to the French couple with
the usual French couple and the

I have only been back with you and prepared with

To the amusement of everyone who came to the performance

If you have any questions about the performances at nearby

No questions remain unanswered and captions with
the proper authority but so far nothing has happened.

If the problems were personal I would not like to discuss them with a faculty member, but any which concern the school would be well to be discussed.

5. b. Do you know the particular person(s) with whom you would like to have these talks?

Of the 50 per cent who said that they would like to talk over their problems, 21 per cent knew the person with whom they would like to have these talks. A negative reply was made by 28 per cent and one per cent made no response. In School A, an affirmative response was made by 30 per cent of the first year students, 16 per cent of whom were specific, 10 per cent of the second year students with only five per cent of these specific and 24 per cent of the third year students of whom 15 per cent mentioned specific people. Of the 28 per cent who did not know a person with whom they could talk, 19 per cent were first year students, 34 per cent were second year students and 37 per cent were students in their third year.

In School B, of the 13 students who wanted to talk over their problems, five knew the person and of these three were specific, six did not know anyone and two made no response.

The twelve per cent who were specific mentioned 10 individuals— one of them eleven times, one was mentioned six times, two of them twice, and six were specified only once.
Two of the students who omitted a reply made the following comments:

Any broad-minded individual who tries to understand modern people.

Someone who understands nursing but who is not connected with the school.

Analysis of Individual Check Lists

In this survey, the Problem Check List was used to locate the most prevalent problems of the students. It can however be equally effective in locating the students who desire or need individual counseling or guidance. In the Manual four procedures are suggested by which students may be selected for counseling:

(a) their responses to Question 5 on the Check List, which asks, "If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty?"; (b) the number of problems marked on the Check List; (c) the number of problems marked in areas; and (d) responses to particular problems.

Students who mark unusually large numbers of problems in particular areas are also likely candidates for counseling...

The students were asked not to include any identifying data except their age, class and school, therefore the information on the check lists standing by itself does not supply sufficient information on which to base assumptions or conclusions

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2Mary Alice Price, Luella J. Morison, Ross L. Mooney, Manual to accompany Luella J. Morison's Problem Check List Form For Schools of Nursing, (Bureau of Educational Research, Ohio State University, Columbus, Ohio, 1948), p. 3.
as to what the real problems are. When used for this purpose, further information must be obtained through individual interviews and through cumulative records of health, academic standing, intelligent test scores, interests, extracurricular activities and the like.

For the purpose of illustration only a selection of Check Lists was made according to the predominance of one problem area, to give the reader an idea of some of the patterns of problems located in the survey. Some of these definitely suggest that there are students who need direct help. There were no instances in which the areas of "Courtship, Sex and Marriage" and "Home and Family" predominated. Selections from the other eleven areas follow:

1. HEALTH AND PHYSICAL DEVELOPMENT Predominating According to the Number of Problems Marked.

HPD  Not getting enough exercise
* Not getting enough outdoor air and sunshine
* Threatened with a serious ailment
* Poor complexion
* Not very attractive physically
* Having frequent sore throat
* Having poor teeth
* Tired feet
* Frequent headaches
* Having menstrual disorders

FLC  Not enough suitable clothes to wear
* Having to watch every penny I spend
* Disliking financial dependence on family

SPA  Too little chance to read what I like

SPR  * Wanting a more pleasing personality
* Speaking or acting before I think

PPR  Taking things too seriously
* Afraid of making mistakes
* Lacking self-confidence
HF  * Parents sacrificing too much for me
Heavy home responsibilities
Sickness in family

ASN  * Unable to concentrate well
Unable to express myself in words
Afraid to speak up in class discussions

FPE  Not physically fit to practice nursing

CSF  Inadequate high school training

AAN  * Not observant enough in bedside care

* Items also circled.

Ten of the twenty-eight problems marked by this student were in the area of health and physical development; the only problem marked in regard to the future also concerns the student's physical well being. Personality problems, illness in the family, and the student's dislike of her financial dependence on them were circled by the student. She expressed a feeling of inadequacy about her scholastic background, and about her verbal facility.

2. FINANCES AND LIVING CONDITIONS Predominating According to Number of Problems Marked.

FIC  Too little money for clothes
Having less spending money than others
* Going in debt for nursing expenses
Going through nursing on too little money
Needing money for education beyond nursing course
* Having to watch every penny I spend
* No regular source of income
Too little money for recreation
Too many financial problems
Disliking financial dependence on family
Not getting along with the House Mother
Too much discipline in the Nurses' Home

HPD  Being overweight
Not enough sleep
* Not getting enough outdoor air and sunshine
Poor complexion
Being too short
* Having weak eyes
Having menstrual disorders

SRA
Boring days off
Too little social life
Slow in getting acquainted with people
* Too little time for sports
Too little chance to listen to the radio
Unable to lead a well-rounded life
Too little chance to do what I want to do
Too little chance to read what I like

SPR
Being slow in making friends
Hurtling people's feelings
Being watched by other people
Being criticized by others
Wanting a more pleasing personality
Talk shop too much
* Tend to complain too much

PPR
Worrying about unimportant things
Losing my temper
Afraid of making mistakes

HF
Father not living
Wishing I had a better family background

MR
* Affected by racial prejudice
Missing spiritual elements in my present life
Can't forget some mistakes I've made

ASN
Worrying about examinations
* Fear failure in school of nursing
Afraid to speak up in class discussions

FPE
Wondering if I'll be a success in life
Afraid I'll never become an "R.N."
Not being able to decide what nursing field to enter
Afraid of unemployment after graduation
Afraid I won't get a good recommendation from the school

AHR
* Afraid the patients won't like me

AAN
* Failing to organize my work well
Unable to perform procedures effectively
Needing to cultivate a well-modulated voice
Afraid of causing pain when giving treatments
Seniority rule carried too far

* Items also circled
Fifty-eight items were marked by this student, 12 of which had to do with finances and residence life. Ten of these were related to a lack of money and conditions in the residence accounted for the other two. Fears expressed by the student concerned her acceptance by others, her scholastic ability, her relations with patients, her future in nursing and her success in life.

3. SOCIAL RECREATIONAL ACTIVITIES Predominating According to Number of Problems Marked

SRA * Not enough time for recreation
    Too little social life
    Missing former social life
    Not enough time for myself
    Failing to have fun in school activities
    Desiring more cooperation among students
    Too little chance to enjoy art or music
    Too little chance to listen to the radio
    Too little chance to go to shows
    Unable to lead a well-rounded life
    * Too little chance to do what I want to do
    Having no hobby

HPD Not getting enough outdoor air and sunshine
    Not getting enough exercise

FLC Doubting that nursing is worth the financial sacrifice
    Lacking privacy in living quarters
    * Infrequent all-night or late permits
    Living conditions don't provide "home" atmosphere
    * Not being trusted outside Nurses' Home
    Too much discipline in Nurses' Home

PPR Having no one to tell my troubles to

HF Getting home too seldom

ASN Can't get lessons in the time I have for study

FPE Doubting economic value of "R.N." degree

CSP School too indifferent to student's problems
    * Director of Nurses lacks understanding of students
    Too few chances to express ideas or opinions
Not getting adequate education for present nursing
Instructors lacking understanding of students
Hard to study in living quarters
Too tired from nursing duties to study
Instructors too theoretical

AII
Can't seem to please some supervisors
Supervisors expecting too much of us
Dislike caring for patients with certain diseases
Too many people "passing the buck."

AAN
Working too long hours
Off-duty time not scheduled so one can plan for it
Nursing care assignments not evenly distributed
Failure of departments to orient students
Too little credit given for good nursing care
Seniority rule carried too far
Too little chance to know the patient as a "whole."

* Items also circled

This student marked 45 problems of which 13 (more than
one quarter) were in the area of social and recreational
activities. The problems in this area had to do with a lack
of time and opportunity for extracurricular activities and
inability to fit into the group. The areas of Curriculum
and School Program, Adjustment to the Administration of
Nursing and Finances and Living Conditions also contain a
significant number of problems.

4. SOCIAL-PSYCHOLOGICAL RELATIONS Predominating According to
Number of Problems Marked.

SPR * No real friends in the School of Nursing
Feelings too easily hurt
Feeling inferior
* Hurting people's feelings
Being left out of things
Disliked certain people
Getting into arguments
Speaking or acting before I think
Talk shop too much
Tend to complain too much
<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
</table>
| HPD | Tiring very easily  
- Not getting enough exercise  
- Tired feet  
- Frequent headaches |
| FIC | Going in debt for nursing expenses  
- Infrequent all-night or late permits  
- Not being trusted outside the Nurse’s Home  
- Too much discipline in the Nurse’s Home |
| SRA | Being ill at ease at social affairs  
- Unskilled in conversation  
- Not enjoying many things others enjoy  
- Unsure of social etiquette  
- Unable to lead a well-rounded life |
| PPR | Nervousness  
- Sometimes wishing I'd never been born  
- Moodiness, having the "blues"  
- Daydreaming  
- Not taking things seriously  
- Losing my temper |
| CSM | Not mixing well with the opposite sex  
- Too few dates  
- Wondering if I’ll find a suitable mate  
- Thinking too much about sex matters  
- Absence of boyfriend  
- Wanting love and affection |
| HF | Parents sacrificing too much for me  
- Family quarrels  
- Having been spoiled at home |
| MR | Learning undesirable habits  
- Failing to go to church  
- Having a guilty conscience  
- Trying to break off a bad habit |
| CSP | School too indifferent to student’s problems  
- Director of Nurses lacks understanding of students  
- Instructors lacking interest in students  
- Having an unfair instructor  
- Instructors partial to some students  
- Instructors lacking understanding of students |
| AHR | Can’t seem to please some supervisors  
- Dislike caring for demanding patients |
| - | Items also circled |
Ten of the 52 problems marked have to do with a feeling of inadequacy on the part of the student in her relations with other people—classmates, members of the opposite sex, parents, instructors and some patients. Other items suggest a lack of emotional control and a deficiency in social skills.

5. PERSONAL-PSYCHOLOGICAL RELATIONS Predominating According to Number of Problems Marked.

<table>
<thead>
<tr>
<th>Code</th>
<th>Problem Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPR</td>
<td>Taking things too seriously</td>
</tr>
<tr>
<td></td>
<td>Getting too excited</td>
</tr>
<tr>
<td></td>
<td>Moodiness, having the &quot;blues&quot;</td>
</tr>
<tr>
<td></td>
<td>Not doing anything well</td>
</tr>
<tr>
<td></td>
<td>Too easily discouraged</td>
</tr>
<tr>
<td></td>
<td>Unhappy too much of the time</td>
</tr>
<tr>
<td></td>
<td>Worrying about unimportant things</td>
</tr>
<tr>
<td></td>
<td>Forgetting things</td>
</tr>
<tr>
<td></td>
<td>Losing my temper</td>
</tr>
<tr>
<td></td>
<td>Stubbornness</td>
</tr>
<tr>
<td></td>
<td>* Afraid of making mistakes</td>
</tr>
<tr>
<td></td>
<td>Lacking self-confidence</td>
</tr>
<tr>
<td></td>
<td>Feeling that nobody understands me</td>
</tr>
<tr>
<td>HPD</td>
<td>Not getting enough outdoor air and sunshine</td>
</tr>
<tr>
<td>FLC</td>
<td>Not enough suitable clothes to wear</td>
</tr>
<tr>
<td>SRA</td>
<td>* Wanting to learn how to entertain</td>
</tr>
<tr>
<td></td>
<td>Too little social life</td>
</tr>
<tr>
<td></td>
<td>Too little time to read what I like</td>
</tr>
<tr>
<td>SPR</td>
<td>Shyness</td>
</tr>
<tr>
<td></td>
<td>Feelings too easily hurt</td>
</tr>
<tr>
<td></td>
<td>* Feeling inferior</td>
</tr>
<tr>
<td></td>
<td>Being criticized by others</td>
</tr>
<tr>
<td></td>
<td>Disliking certain persons</td>
</tr>
<tr>
<td></td>
<td>Talk too much about personal affairs</td>
</tr>
<tr>
<td>CSM</td>
<td>Wanting love and affection</td>
</tr>
<tr>
<td>HF</td>
<td>Getting home too seldom</td>
</tr>
<tr>
<td>MR</td>
<td>Confused in my religious beliefs</td>
</tr>
<tr>
<td></td>
<td>Science conflicting with religion</td>
</tr>
<tr>
<td></td>
<td>Can't forget some mistakes I've made</td>
</tr>
<tr>
<td></td>
<td>Sometimes being dishonest</td>
</tr>
</tbody>
</table>
ASIN  Poor memory
   * Fear failure in School of Nursing
     Unable to express myself in words
     Slow in catching on to theory

FPE  Need information about future fields of nursing

CSP  School too indifferent to student's problems
   * Director of Nurses lacks understanding of students
      Instructors lack understanding of students

AHR  Can't seem to please some supervisors
     Prefer working alone to working with other students

AAN  Off-duty time not scheduled so one can plan for it
     Needing to cultivate a well-modulated voice
     Failure of department to orient students

   * Items also circled

Thirteen, or almost one third, of the 43 problems marked by this student focused directly on herself. She expressed feelings of inferiority, a lack of emotional stability, and an oversensitivity regarding her ability to get along with others.

6. MORALS AND RELIGION Predominating According to the Number of Problems Marked

MR  Disillusioned in religious beliefs
    Confused in my religious beliefs
   * Confused on some moral questions
   * Failing to go to church
   * Science conflicting with religion
     Failing to see relation of religion to life
     Loosing faith in religion
     Moral code weakening

HPD  Not enough sleep
    Not getting enough outdoor air and sunshine
   * Poor complexion
   * Frequent headaches

FLC  Infrequent all-night or late permits

SRA  Feelings too easily hurt
    Feeling inferior
Speaking or acting before I think
Tend to complain too much

PPR * Unhappy too much of the time

CSM * Being in love with someone I can't marry
* Choice of continuing training or marrying
  Putting off marriage

FPE * Needing encouragement to continue in nursing

CSP Director of Nurses lacks understanding of students

AHR * Unable to direct subordinate workers

AAN * Can't carry out nursing practices as taught in theory
  Off-duty time not scheduled so one can plan for it
  Afraid of becoming a hard-boiled nurse
  Failure of department to orient students
  Rule against accepting patient's gifts unfair
  Too little chance to know patient as a "whole"
* Disillusioned in nursing ideals

* Items also circled

Over a quarter of the 35 problems marked by this student dealt with morality and religion. She expressed concern over a conflict between marriage and continuing training and was disillusioned in both religious and nursing ideals.

7. ADJUSTMENT TO THE SCHOOL OF NURSING Predominating According to Number of Problems Marked

ASN * Unable to concentrate well
  Poor memory
  Worrying over examinations
  Having too many subjects at one time
* Fear failure in School of Nursing
  Unable to express myself in words
  Afraid to speak up in class discussions
  Too easily distracted during class
  Not smart enough in scholastic ways
  Trouble in outlining or note-taking
  Slow in catching on to theory
  Can't get lessons in time I have for study
  Slow in reading
  Don't know how to study effectively
Dear sir or madam, I am writing in order to make a
request for a change in my schedule. I have
recently been feeling quite unwell and would like
to adjust my current commitments accordingly.
I am particularly interested in
the following changes:

1. A reduction in the number of meetings I am attending.
2. An extension of my leave for the current week.
3. The possibility of working from home

I understand this may be a difficult situation
for you and your team, but I believe these
changes would benefit both my health
and productivity.

Thank you for considering my request.

Sincerely,
[Your Name]
HPD  Not getting enough outdoor air and sunshine  
   Poor posture  
   Being too tall

SRA  Too little time for sports  
   Too little chance to go to shows

SPR  Shyness  
   Hurting people's feelings

PPR  Daydreaming  
   Afraid of making mistakes  
   Lacking self-confidence

ILF  Father not living

MR  Failing to go to church

CSP  Nursing textbooks hard to understand  
   Too much work required in some courses  
   Too tired from nursing duties to study  
   Inability to remain awake in class

AAN  Failing to organize my work well  
   Too little chance to know the patient as a "whole"

* Items also circled.

Fourteen, or more than a third, of the 32 problems marked by this student fell into the area of adjustment to the School of Nursing. An apparent deficiency in intellectual ability and ineffective methods of note-taking and studying are associated with a fear of examinations and failure in the school. Problems in the area of Curriculum and School Program also have to do with the intellectual ability of the student. There may be a relationship between the items "being too tall" and "poor posture."

2. FUTURE: PROFESSIONAL AND EDUCATIONAL Predominating According to Number of Problems Marked

FPE  * Needing encouragement to continue in nursing  
   * Needing to know my professional abilities.
The following is a copy of a page from a document containing text. The document appears to be a manual or guide, possibly related to procedures or instructions. The text is not clearly legible, and it contains abbreviations and acronyms that are typical of technical manuals. The content seems to be divided into sections, each starting with a title, although the titles are not completely visible due to the quality of the image. The text is dense and appears to be detailed, suggesting it might be providing step-by-step instructions or guidelines for a specific process or task. Despite the difficulty in reading, the document appears to be a serious and informative piece of content, likely intended for readers with a certain level of knowledge or expertise in the subject matter.
Wondering if I'll be a success in life
* Wanting advice on steps after leaving school
  Afraid I'll never become an "R.N."
* Doubting economic value of "R.N." degree
* Need information about future fields of nursing
  Concerned about entering military service
* Fear I won't get a good recommendation from the school
  Afraid I will lack experience in some fields of nursing.

HPD  Not enough sleep
* Not getting enough outdoor air and sunshine
  Having poor teeth.

FIC  Having to watch every penny I spend
* Infrequent all-night or late permits
* Not being trusted outside the Nurses' Home

SRA  Too little chance to enjoy art or music
  Too little chance to read what I like

SPR  Feelings too easily hurt
  Being watched by other people
  Being left out of things
  Being criticized by others
  Wanting a more pleasing personality

PPR  Moodiness, having the "blues"
  Too easily discouraged
  Afraid of making mistakes
  Lacking self-confidence

CSM  * Wondering if I'll find a suitable mate
  Wondering if I'll ever get married
  Breaking up a love affair
  Putting off marriage
  Wanting love and affection

MR  Wanting more chances for religious worship
* Failing to go to church

ASN  Weak in writing

CSP  School too indifferent to student's problems
* Director of Nurses lacks understanding of students
* Grades unfair as a measure of ability
  Hard to study in living quarters

AHR  Can't seem to please some supervisors
  Feel dominated by nurse attendants
Unable to perform procedures effectively
  * Off-duty time not scheduled so one can plan for it
  Too little credit given for good nursing care

Of the forty-five problems underlined by this student, ten concern her professional future. She expressed a desire to know more about her abilities and about the selection of a field after graduation. Other problems mentioned have to do with a fear of failure, a feeling of rejection by the students and staff, limitations imposed by lack of time for rest, recreation and worship and by a lack of money.

9. CURRICULUM AND SCHOOL PROGRAM Predominating According to the Number of Problems Marked.

CSP  * School too indifferent to student's problems
  * Director of Nurses lacks understanding of the students
  Too few chances to express ideas or opinions
  Instructors partial to some students
  Grades unfair as measure of ability
  Hard to study in living quarters
  Too tired from nursing duties to study

HPD  Not eating a well-balanced diet
  * Disliking financial dependence on family
  * Infrequent all-night or late permits
  * Not being trusted outside Nurse's Home

SRA  * Lacking a place to entertain friends
  Too little social life
  Unable to lead a well-rounded life

SPR  Wanting a more pleasing personality
  Talk shop too much
  * Tend to complain too much

PPR  * Lacking self-confidence

ASN  * Unable to concentrate well
  * Worrying about examinations
  * Fear failure in school in School of Nursing
  Too easily distracted during class
  * Not smart enough in scholastic ways
  Don't know how to study effectively
FPE  Not knowing what I really want
       Not able to decide what nursing field to enter
       Afraid I will lack experience in some field of nursing.

AHR  Supervisors not trusting us enough
       Supervisors expecting too much of us
       Discouraged by pessimism of "R.N.'s"

AAN  Failure to organize work well
       Failure of departments to orient students
       Too little credit given for good nursing care
       Too little chance to know the patient as a "whole"

This student underscored 35 problems, seven of which
were criticisms of the school program. A sense of academic
weakness constituted six more. In the other problems of
real concern the student expressed dissatisfaction with her
own personality and with certain aspects of residence life.

10. ADJUSTMENT TO HUMAN RELATIONS IN NURSING

Predominating
According to the Number of Problems Marked

AHR  Can't seem to please some supervisors
       Supervisors not trusting us enough
       Supervisors expecting too much of us
       Unable to please the doctors
       Afraid of some of the doctors
       Disliking caring for demanding patients
       Disliking caring for patients with certain diseases
       Prefer working alone to working with other students.

HPD * Not enough sleep
       Not getting enough outdoor air and sunshine
       Afraid I may contact disease

FLC  Too little money for clothes
       Missing former social life
       Too little time for sports

SPR * Talk shop too much

CSM  Deciding whether I'm in love

HF   Being treated like a child at home

ASN  Unable to concentrate well
       Afraid to speak up in class discussions
FPE: Not able to decide what nursing field to enter
Trying to combine marriage and a career

CSP: School too indifferent to student's problems
* Director of Nurses lacks understanding of the students
** Too few chances to express ideas or opinions
Instructors lacking understanding of students
Hard to study in living quarters
* Too tired from nursing duties to study

AAN: Working too long hours
* Off-duty time not scheduled so one can plan for it
** Failure of departments to orient students
Seniority rule carried too far
* Too little chance to know patient as a "whole"

Adjustment to Human Relations in Nursing accounted for
one quarter of the 32 problems underlined. These difficult
relations were with supervisors, doctors, some patients and
other students.

11. ADJUSTMENT TO ADMINISTRATION OF NURSING CARE Predominating
According to the Number of Problems Marked

AAN: Failing to organize my work well
Can't carry out nursing practices as taught in theory
Off-duty time not scheduled so one can plan for it
Nursing care assignments not evenly distributed
Failure of departments to orient students
Nursing care checked to unreasonable degree
* Too little credit given for good nursing care
* Seniority rule carried too far
* Hospital insisting on routine at any price
Disillusioned in nursing ideals

HPD: * Tiring very easily
Not getting enough outdoor air and sunshine

FIC: Disliking financial dependence on family
Infrequent all-night or late permits
Not being trusted outside Nurse's Home
Too much discipline in Nurse's Home

SRA: Not enough time for recreation

SPR: Tend to complain too much

PPR: Nervousness
Moodiness, having the "blues"
Too easily discouraged

ASN Unable to concentrate well
   Poor memory
   Worrying about examinations
   Fear failure in School of Nursing
   Can't get lessons in time I have for study

CSP * School too indifferent to student's problems
   * Director of Nurses lacks understanding of students
   Too tired from nursing duties to study
   Inability to remain awake in class

AHR Can't seem to please some supervisors

Of the 32 problems underlined here, 10 or nearly a third, are in the area of adjustment to administration of nursing care, including failure of the department to orient the student, to schedule time off in advance, to give credit for good nursing care and to distribute assignments evenly.

This may give the reader some idea of the variations found within the Check Lists themselves. As was stated earlier, the responses cited here cannot be judged on the basis of the check list alone, but within these are found unhealthy attitudes and problems which may be of a very serious nature, and which almost certainly will hinder the students academic work. Here too it is possible to see some of the relationships between problems having their origin in the school environment and those which originate outside the hospital situation.
CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

The purpose of this study was to uncover the personal problems of a group of nursing students in a large city hospital in Canada. Specifically the main purposes were:

1. To discover the areas in which the majority of problems were found and the problems within these areas which were of most concern to the first, second and third year students.

2. To investigate the reactions of the students to a Problem Check List and to the knowledge that someone was interested in their problems.

3. To find out whether or not the students felt that there was a member of the faculty with whom they could discuss their problems.

The study group included 163 students: 139 from a three year program in a School of Nursing at a General Hospital and 24 from a five year program at a nearby University who affiliate at the hospital.

The Problem Check List Form for Schools of Nursing by Luella Morison was used to collect the data. A total of 5857 problems were underlined and of these 1449 were also circled, indicating that they were of real concern to the students.
V1 MENIN

CHAPTER VII

SUMMARY OF INSTRUCTION

The purpose of this section was to present the conclusions and recommendations of a group of military specialists to a public audience. They would have been listened to by the American public, specifically the military personnel, to gain a better understanding of the events that transpired and the actions taken. The section was designed to educate and inform the public about the specific events, the reasons behind them, and the conclusions drawn from the analysis of the events.

The section was divided into several parts, each focusing on a specific aspect of the events. The first part discussed the immediate actions taken by the military, highlighting the response to the events and the measures taken to prevent further incidents. The second part delved into the long-term consequences of the events, examining the impact on the military and the public perception of the situation. The final part addressed the future implications of the events, considering the lessons learned and the need for continued vigilance.

The section concluded with a call to action, urging the public to remain vigilant and to support the military in its efforts to maintain peace and security. It emphasized the importance of unity and cooperation among all aspects of society to ensure the safety and well-being of the nation.
The range of problems per student was from 4 to 111 underlined and 0 to 45 circled. More problems were underlined in the area of Social and Recreational Activities than in any other area. The largest number of problems circled in School A were in the area of Adjustment to the School of Nursing and in School B, in the area of Finances and Living Conditions. In both schools the last four areas in rank order of number of problems underlined were: Adjustment to Human Relations in Nursing, Courtship, Sex and Marriage, Morals and Religion and Home and Family.

In School A the classes differed considerably in which areas they underlined the largest number of problems. The first year students marked more in the Adjustment to the School of Nursing, the second year students in Social and Recreational Activities and the third year students had the most in the Adjustment to the Administration of Nursing Care. In School B similar differences occurred. The first and second year students underlined the most problems in the area of Adjustment to the School of Nursing, third year students in Social and Recreational Activities and fourth year students underlined the largest number in the area of Finances and Living Conditions.

There was also a similarity in the items marked most consistently by the students in both schools. "Not getting enough outdoor air and sunshine" and "not being trusted outside the Nurse's Home" were ranked first and second by over
fifty per cent of the students in both schools according to the number of problems underlined. According to the number of problems encircled, "not being trusted outside the Nurse's Home" was first in School A. It was second in School B being preceded by "too much discipline in the Nurse's Home."

Eighty-four per cent of the students did feel that the Check List adequately covered their problems and only 14 of the 364 items were not marked. Eighty-eight per cent of the students indicated that they enjoyed filling out the list and that they were grateful for the interest shown in them. Of the eighty-seven per cent who felt that it was worthwhile, many stated that it clarified their problems in their own minds. Although only fifty per cent expressed a desire for counseling, twenty per cent omitted to reply and others stated that they would not like to discuss personal problems with anyone connected with the school. Twenty-one per cent of the students knew the person with whom they would like to talk.

Conclusions

A study of the items underlined and circled as well as the summarizing statements made by the students relating to their feelings about themselves, reveals a need for improvement of the guidance procedure.

a) Insecurity expressed by the students relating to their scholastic ability, study habits and objective self-
evaluation indicates the need for a thoroughgoing examination of pre-entrance guidance, selection and orientation plans.

Although these represent problems commonly found among adolescents of all ages, previous investigators have devised methods by which tensions accompanying them can be reduced.

b) The percentage of students who indicated insecurity in social competence and dissatisfaction in personality development, points to the fact that the faculty should review the objectives of the school in this regard and the measures used to achieve these desirable objectives.

Plans for the development of poise in the student are rightly the responsibility of the school since the objectives of a good school of nursing include the social development of the students and social maladjustment can be the cause of academic and health problems.

c) The fact that more than half of the students who expressed a desire for counseling did not know any person with whom they could talk indicates the need for an investigation of the methods which are used at present to counsel students as well as the manner in which these services are made known to the students.

Although an adequate counseling service, the core of the guidance program, has been seriously neglected in many schools, it has been frequently demonstrated that there are individuals
who need assistance in learning to make satisfactory adjustments. The findings of other studies which have shown that provision needs to be made for a person not connected with grading were borne out in this survey.

d) Concern over the ability to lead a well-rounded life and the lack of time for participation in sports and other forms of recreation which was expressed by a large number of students suggests that the program of extra-curricular activities needs investigation.

That a program of extra-curricular activities is essential to the development of a happy and mature individual, contributing both to her mental health and to her future adjustment in social situations, has been recognized by many schools who have consequently concerned themselves as much with the development of the extra-curricular program and with the guidance of the students in the wise use of leisure time, as with required subject matter. Such a program should be very flexible and needs to be adapted to the varying need of the student group.

e) The overall findings indicate a need for a thorough examination of the factors behind the feeling expressed by the students that they are not trusted by the faculty to be well-behaved, mature individuals in their off-duty time.

All discipline should be educational in usage, and should
my tests demonstrated in teaching the young pupil.

From the standpoint of the teacher's mental age, the pupil
should have a aptitude for the job he is doing.

In the case of the pupil, a good mental age
should be considered the job he is doing.

The tests demonstrate that the pupil's mental age
is not the same as the job he is doing.

In the case of the teacher, a good mental age
should be considered the job he is doing.

The tests demonstrate that the pupil's mental age
is not the same as the job he is doing.

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The tests demonstrate that the pupil's mental age
is not the same as the job he is doing.

In the case of the teacher, a good mental age
should be considered the job he is doing.

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In the case of the teacher, a good mental age
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be understood by the students. The imposition of restrictions for which they can see no purpose may produce not only strong feelings of resentment against authority but also undesirable behavior reactions. Students may need to learn about the advantages inherent in group living, which when integrated in the life of the school form an important part of the educational process.

f) Fatigue, particularly as it effected their ability to study and their attention span during class periods was considered a problem by over one third of the students. In the light of this information the school needs to evaluate the provisions which are made for study periods as well as the scheduling of class periods.

Little value can be gained by providing periods of instruction or of study if the students are so mentally and physically fatigued that they constantly have difficulty to keep from falling asleep. Neither is there much point in providing recreational facilities if the students are already overtired when they get off duty.

g) Emotional instability expressed by over one quarter of the students indicates the need for an investigation of the existing facilities for the promotion of the mental and emotional health of the student.

Although the school maintains a health service which is both curative and preventive in function, more consideration
needs to be given to the emotional problems of the students.

Proposals for Future Developments

From the conclusions it is evident that some modifications of the existing personnel and guidance procedure is desirable. The proposals which follow are presented as a point of departure only and could be used by any forward looking school which has examined itself critically and wants to improve.

From the findings the problem is seen to concern itself with modifications essential for: the development of increased sensitivity by the faculty and other in-service personnel concerned with student education to the "personnel point-of-view"; the promotion of policies and practices for the students now in the school; and the improvement of selection and induction services.

The first proposal then has to do with increasing faculty sensitivity. Since guidance cannot be separated from the educational process, it is essential that all faculty and staff coming in contact with the student develop a "personnel point-of-view", as all will be responsible for some form of student guidance. A continuous program of in-service staff education is desirable to aid in the development of this attitude. Although the organization of such programs differs widely, as they must be adapted to the needs of the group, they frequently include such activities as: discussions led
by trained guidance personnel concerning the meaning of
guidance and ways and means of implementing the guidance
program; studies of the literature in the field of guidance
to see what is being done not only in the schools of nursing
but also in the high schools from which the nursing students
come; selection of suitable books for addition to the school
library; visits to other schools having guidance services
to see how they are functioning.

Opinions expressed by the students in this survey would
become more meaningful if studied by the faculty in relation
to all other information possessed by the school about the
students and the community resources available to them.
Further study of drop-outs and graduates will aid in deter-
mining the effectiveness of the present guidance procedures
as well as supplying information regarding past adjustments
of the group to the school and present adjustments in the
community. It is also essential that nursing research be
carried on in many areas to develop new criteria for the
evaluation of clinical situations in regard to the desirable
amount of time required for learning.

The second proposal which is concerned with the im-
provement of guidance procedures can be carried out only when
a readiness for guidance has been established. It is pre-
ferrable that plans for the development of the program be
shared by students and faculty alike under the leadership of
a well-qualified person who is not connected with the grading
To summarize, the main findings and conclusions are:

- The data analysis suggests a clear trend towards increased...
of the students, who has adequate time for the job and who will understand the problems of the nursing service. Adequate support for the program can often be obtained from interested parents, friends or board members, in fact the guidance program may very well serve as a connecting link between the school and the community. It may not be possible to provide a full-time worker immediately, in which case it may be necessary to share someone with another school or agency.

Since no single plan will fit all situations, the pattern of organization and the specific services offered will depend upon the needs of the student group. This information can be obtained by assessing the present guidance activities operating in the school and the facilities which are available, from the follow-up studies of drop-outs and graduates previously suggested and by a study of the findings of this survey of student problems and their implications for student needs.

In terms of these needs specific objectives can be formulated for the development of the program beginning at the point of greatest need. As mentioned before, group participation in the program is very important. In some schools students have surveyed the interests of the student group as well as the community facilities available to the students working the various shifts for recreational and co-educational activities sponsored by churches, schools and youth organizations.
The true purpose, then, of the national service council is to facilitate the development of the national service program. To this end, the council has established a program of action to foster the growth of national service. The council recognizes the importance of the program to the nation, and to meet the program's objectives it has developed a comprehensive plan of action that includes the following:

1. Public education and awareness
2. Development of new service opportunities
3. Research and evaluation
4. Coordination with other agencies
5. Support and encouragement

The council believes that a strong, well-organized national service program is essential to the well-being of the nation and its citizens. It is committed to working towards the realization of these objectives and to ensuring that the national service program is effective and efficient in meeting the needs of the nation.
The inclusion of parents through a quarterly parent-student-faculty program has proven highly successful in one situation.\(^1\) It has given the faculty and the parents an opportunity to know each other and has stimulated interest in the education of the students. In most communities there are other interested individuals and groups who will willingly volunteer their services to the school.

The third proposal has to do with the methods of selection and admission of future students. Many schools have found that the utilization of standardized tests has greatly increased the reliability of prediction of success. Not only can they be used to sort out students who have difficulties which would preclude their success in the school of nursing but they can also be used to discover the students who are in need of remedial reading or who need to improve their study skills. If the school accepts these students, it becomes responsible to make provisions for them.

No attempt has been made to outline an ideal pattern of organization for guidance procedures for in reality no such organization exists. There is, however, extensive literature in the fields of education and industry describing plans which have been tried out in various situations and there is an increasing number of articles appearing in nursing journals dealing with the guidance of nursing students.

The introduction of a new technology is not always easy. It requires careful planning and consideration to ensure that the new technology is implemented successfully. If not done correctly, the technology may face several problems that can hinder its implementation.

One of the most important steps in the implementation of new technology is the selection of a vendor. The vendor should be selected based on their experience, reputation, and ability to provide the necessary support. Additionally, the vendor should be able to provide training and support to the end-users to ensure that they are able to use the new technology effectively.

Another important aspect of the implementation of new technology is the change management. The end-users should be trained on the new technology and provided with adequate support to ensure that they are able to use it effectively. Additionally, the change management process should be communicated clearly to all stakeholders to ensure that they are aware of the changes that are taking place.

In conclusion, the implementation of new technology is not always easy. However, with careful planning and consideration, it can be successfully implemented to improve the efficiency and effectiveness of the organization.
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Hunter, B. M., "The Importance of Orientation Programs for New Employees," The Canadian Nurse, 44:917-919, November 1948.


Unpublished Materials


Garrigan, Mary Ann, "Guidance in the School of Nursing- a Suggested In-Service Program for Faculty Members," Unpublished Master's thesis, Boston University, Boston, 1947, Pp. 100.

Table 1: Chart Order of the Number and Percentage of Problem Areas Underlined in School 1 and the Number and Percentage of Problems Underlined.

<table>
<thead>
<tr>
<th>Problem Areas</th>
<th>Problem Underlined</th>
<th>Problem Controlled</th>
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<td></td>
<td>Number</td>
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</tr>
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<td>3.7</td>
</tr>
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<td>---------------------------------------------------</td>
<td>---------------------</td>
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</tr>
<tr>
<td></td>
<td>Number</td>
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<td>Curriculum and School Program</td>
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Table 2. Rank Order of the Number and Percentage of Problem Areas Underlined in School B and the Number and Percentage of Problems Encircled.

<table>
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<tr>
<th>Problem Areas</th>
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</thead>
<tbody>
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<td>Number</td>
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</tr>
<tr>
<td>Social and Recreational Activities</td>
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<td>Finances and Living Conditions</td>
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<td>11.8</td>
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Note: The table above demonstrates the percentage improvement in various contributions. The first column represents the percentage improvement, the second column shows the first contribution, the third column shows the second contribution, and the last column provides suggestions. The suggestions are likely placeholders or future work items. The numbers in the second and third columns are not clearly legible but seem to represent numerical values or codes related to the contributions.
Table 3. Rank Order of the Number and Percentage of Problem Areas Underlined by First Year Students in School A and Number and Percentage of Problems Encircled.

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Description:

### Imperial

- **To County**: [Details]
- **To Province**: [Details]
- **To Imperial Total**: [Details]
- **To Foreign Total**: [Details]
Table 4. Rank Order of the Number and Percentage of Problem Areas Underlined by Second Year Students in School A and Number and Percentage of Problems Encircled.

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<td>Courtship, Sex and Marriage</td>
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<tr>
<td>Morals and Religion</td>
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Note: The table above lists measures taken in the context of the language specified.
Table 5. Rank Order of the Number and Percentage of Problem Areas Underlined by Third Year Students in School A and Number and Percentage of Problems Encircled.

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Table 10. School A- Response to Summarizing Questions in Terms of Number of Students and Year of Enrollment.

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<th>YEAR 2</th>
<th>YEAR 3</th>
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<td>41</td>
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<td>2</td>
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<tr>
<td>3. Whether you have or have not enjoyed filling out the List, do you think it has been worthwhile doing?</td>
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<td>YEAR 4</td>
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</tr>
<tr>
<td>(No. of students)</td>
<td></td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>1. Does the Check List give a well-rounded picture of your problems?</td>
<td>YES</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OMIT</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>2. Have you enjoyed filling out the List?</td>
<td>YES</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>OMIT</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>3. Whether you have or have not enjoyed filling out the List, do you think it has been worthwhile doing?</td>
<td>YES</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>8</td>
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<tr>
<td></td>
<td>NO</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>OMIT</td>
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</tr>
<tr>
<td>5.a. If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty?</td>
<td>YES</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>OMIT</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>5.b. Do you know the particular person(s) with whom you would like to have these talks?</td>
<td>YES</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>SPECIFIC</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>OMIT</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
PROBLEM CHECK LIST
FORM FOR SCHOOLS OF NURSING
(Adapted from Problem Check List: College Form, by Ross L. Mooney)

By Luella J. Morison

Please fill out these blanks:

Date of birth

Name of the School of Nursing

Class in School of Nursing

(Preclinical, Senior, etc.)

Name of the person to whom you are to turn in this paper

Your name or other identification, if desired

Date

DIRECTIONS FOR FILLING OUT THE CHECK LIST
This is not a test. It is a list of troublesome problems which often face students in schools of nursing—problems of health, social life, relations with people, studying, and the like. You are to go through the list, pick out the particular problems which are of concern to you, indicate those which are of most concern, and make a summary interpretation in your own words. More specifically, you are to take these three steps:

(1) Read the list slowly, pause at each item, and if it suggests something which is troubling you, underline it, thus, "1. Tiring very easily." Go through the whole list, underlining the items which suggest troubles (difficulties, worries) of concern to you.

(2) After completing the first step, look back over the items you have underlined and circle the numbers in front of the items which are of most concern to you, thus, "1. Tiring very easily."

(3) After completing the first and second steps, answer the summarizing questions on pages 5 and 6.
First Step: Read the list slowly, and as you come to a problem which troubles you, underline it.

1. Tiring very easily
2. Being underweight
3. Being overweight
4. Not enough sleep
5. Not enough suitable clothes to wear
6. Too little money for clothes
7. Having less spending money than others
8. Managing my finances poorly
9. Not enough time for recreation
10. Lacking a place to entertain friends
11. Wanting to learn how to entertain
12. Being ill at ease at social affairs
13. Shyness
14. Being slow in making friends
15. No real friends in the school of nursing
16. Feelings too easily hurt
17. Too self-centered
18. Taking things too seriously
19. Nervousness
20. Getting too excited
21. Not mixing well with opposite sex
22. Not enough time for dates
23. “Going steady”
24. Being in love with someone I can’t marry
25. Being criticized by my parents
26. Mother
27. Father
28. Parents sacrificing too much for me
29. Belonging to a minority religious group
30. Belonging to a minority racial group
31. Affected by racial or religious prejudice
32. Bothered by the vulgarity of hospital talk
33. Feeling lost in school of nursing
34. Purpose in going through nursing not clear
35. Dislike of nursing
36. Being a nurse on insistence of family
37. Family opposing my professional choice
38. Needing encouragement to continue in nursing
39. Needing to know my professional abilities
40. Not knowing what kind of person I want to be
41. School too indifferent to student’s problems
42. Dull classes
43. Director of Nurses lacks understanding of students
44. Instructors lacking personality
45. Annoyed by supervision
46. Can’t seem to please some supervisors
47. Supervisors poor managers
48. Supervisors not trusting us enough
49. Failing to organize my work well
50. Unable to perform procedures effectively
51. Lacking the aptitude for procedures
52. Can’t carry out nursing practices as taught in theory
53. Not getting enough exercise
54. Not getting enough outdoor air and sunshine
55. Threatened with a serious ailment
56. Afraid I may need an operation
57. Going in debt for nursing expenses
58. Missing previous regular salary
59. Going through nursing on too little money
60. Doubting that nursing is worth the financial sacrifice
61. Boring days off
62. Too little social life
63. Awkward in meeting people
64. Unskilled in conversation
65. Unpopular
66. Being made fun of
67. Being talked about
68. Feeling inferior
69. Moodiness, having the “blues”
70. Not having any fun
71. Failing to get ahead
72. Sometimes wishing I’d never been born
73. Too few dates
74. Uninterested in opposite sex
75. Embarrassed in discussion of sex
76. Wondering if I’ll find a suitable mate
77. Parents separated or divorced
78. Death in the family
79. Father not living
80. Mother not living
81. Learning undesirable habits
82. Disillusioned in religious ideals
83. Confused in my religious beliefs
84. Confused on some moral questions
85. Unable to concentrate well
86. Weak in logical reasoning
87. Poor memory
88. Worrying about examinations
89. Needing to plan ahead for the future
90. Doubting the wisdom of future plans
91. Wanting to get out of school and on my own
92. Wondering if I’ll be successful in life
93. Inadequate high school training
94. Nursing textbooks hard to understand
95. Too few books in the library
96. Instructors lacking grasp of subject matter
97. Supervisors don’t understand our educational needs
98. Supervisors expecting too much of us
99. Supervisors too friendly
100. Dissatisfied in present department
101. Working too long hours
102. Off-duty time not scheduled so one can plan for it
103. Nursing care assignments unevenly distributed.
104. Nursing care assignments not clear
105. Afraid I may contract disease
106. Poor posture
107. Poor complexion
108. Not very attractive physically
109. Needing money for education beyond nursing course
110. Having to watch every penny I spend
111. Family worried about finances
112. Disliking financial dependence on family
113. Missing former social life
114. Slow in getting acquainted with people
115. Nothing interesting to do in spare time
116. Not enjoying many things others enjoy
117. Hurting people's feelings
118. Being watched by other people
119. Being left out of things
120. Being criticized by others
121. Not doing anything well
122. Too easily discouraged
123. Unhappy too much of the time
124. Worrying about unimportant things
125. Disturbed by ideas of sexual acts
126. Insufficient knowledge about sex matters
127. Wondering if I'll ever get married
128. Afraid of losing the one I love
129. Friends not welcomed at home
130. Home life unhappy
131. Family quarrels
132. Feeling I don't really have a home
133. Missing spiritual elements in my present life
134. Wanting more chances for religious worship
135. Failing to go to church
136. Science conflicting with religion
137. Not fundamentally interested in books
138. Having too many subjects at one time
139. Getting low grades
140. Fear failure in school of nursing
141. Not physically fit to practice nursing
142. Dread leaving school and starting on my own
143. Wanting advice on steps after leaving school
144. Doubt ability to take part in professional organizations
145. Classes too large
146. Too few chances to express ideas or opinions
147. Instructors lacking interest in students
148. Having an unfair instructor
149. Having difficulty in following doctors' orders
150. Unable to please the doctors
151. Trouble in figuring out what the doctor wants
152. Maintaining loyalty to the doctor
153. Unable to handle embarrassing situations
154. Not observant enough in bedside care
155. Needing to cultivate a well modulated voice
156. Finding it hard to be dignified on duty
157. Being clumsy and awkward
158. Being too short
159. Being too tall
160. Having weak eyes
161. No regular source of income
162. Too little money for recreation
163. Having financial dependents
164. To many financial problems
165. Unsure of social etiquette
166. Wanting to learn how to dance
167. Not knowing what to do on a date
168. Feeling my personal appearance is unsatisfactory
169. Being snubbed
170. Being called "high-hat"
171. Losing friends
172. Not getting along with other people
173. Daydreaming
174. Forgetting things
175. Afraid when left alone
176. Not taking things seriously
177. Going with a person my family won't accept
178. Being in love
179. Deciding whether I'm in love
180. Afraid of close contact with opposite sex
181. Heavy home responsibilities
182. Sickness in the family
183. Parents expecting too much of me
184. Too dependent on my family
185. Being forced to go to church
186. Failing to see relation of religion to life
187. Rejecting earlier religious beliefs
188. Doubting value of worship and prayer
189. Unable to express myself in words
190. Afraid to speak up in class discussions
191. Wanting to change to another school
192. Unable to get scientific subjects
193. Afraid I'll never become an "R.N."
194. Being told I'll fail in practice as an "R.N."
195. Doubting happiness as an "R.N."
196. Doubting economic value of "R.N." degree
197. Being without a counselor
198. Instructors partial to some students
199. Grades unfair as measures of ability
200. Not getting adequate education for present nursing
201. Discouraged by pessimism of "R.N.'s"
202. Afraid of some of the doctors
203. Afraid the patients won't like me
204. Can't deal with the patient's friends and visitors
205. Afraid of becoming a "hardboiled" nurse
206. Afraid of causing pain when giving treatments
207. Afraid of administer medicines
208. Can't take unpleasant odors or sights
260. Having frequent sore throat
261. Having poor teeth
262. Having poor health
263. Tired feet
264. Frequent headaches
265. Infrequent all-night or late permits
266. Not fitting into the group with which I live
267. Living conditions don't provide "home" environment
268. Not getting along with the House Mother
269. Too little time for sports
270. Too little chance to enjoy art or music
271. Too little chance to listen to the radio
272. Too little chance to go to shows
273. Wanting a more pleasing personality
274. Too easily led by other people
275. Picking the wrong kind of friends
276. Speaking or acting before I think
277. Afraid of making mistakes
278. Can't make up my mind about things
279. Lacking self-confidence
280. Can't see the value of things I do
281. Putting off marriage
282. Engagement
283. Absence of boy friend
284. Religious differences preventing marriage
285. Clash of opinions between me and parents
286. Having been "spoiled" at home
287. Not getting along with brother or sister
288. Not getting along with a step-parent
289. Too little chance to develop my own religion
290. Disliking church services
291. Lessened fervor in religious practices
292. Losing faith in religion
293. Not smart enough in scholastic ways
294. Trouble in outlining or note-taking
295. Weak in writing
296. Slow in catching on to theory
297. Afraid I'll not be adequately prepared for nursing
298. Afraid of unemployment after graduation
299. Trying to combine marriage and a career
300. Concerned about entering military service
301. Instructors lacking understanding of students
302. Too much work required in some courses
303. Hard to study in living quarters
304. No suitable place to study in school
305. Prefer working alone to working with other students
306. Depend too much on others for assistance
307. Too willing to "cover-up" for co-workers
308. Too many people "passing the buck"
309. Seniority rule carried too far
310. Too difficult for students to get doctor's care
311. Rule against accepting patient's gifts unfair
312. Rule against accepting patient's invitations unfair
Second Step: Look back over the items you have underlined and circle the numbers in front of the problems which are troubling you most.

Third Step: Answer the following five questions:

**SUMMARIZING QUESTIONS**

1. Do you feel that the items you have marked on the list give a well-rounded picture of your problems?

   ............Yes. ............No.

If any additional items or explanations are desired, please indicate them here.

(Questions are continued on next page →)
2. How would you summarize your chief problems in your own words? Write a brief summary.

3. Have you enjoyed filling out the list? __________Yes. __________No.

4. Whether you have or have not enjoyed filling out the list, do you think it has been worthwhile doing? __________Yes. __________No. Could you explain your reaction?

5. If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty? __________Yes. __________No. If so, do you know the particular person(s) with whom you would like to have these talks? __________Yes. __________No.

Names
Note to Counselors: Normally the summary of items checked is to be made by the counselor. In some situations, however, the counselor may want students to make their own summaries. In these cases, students should be given definite instructions and a demonstration of the method, preferably after they have filled out the check list.

Instructions for Making Summary of Items Checked

For convenience in summarizing results on an individual case or on groups of students, the 364 problems are classified in thirteen areas:

1. Health and Physical Development (HPD)
2. Finances and Living Conditions (FCL)
3. Social and Recreational Activities (SRA)
4. Social-Psychological Relations (SPR)
5. Personal-Psychological Relations (PPR)
6. Courtship, Sex, and Marriage (CSM)
7. Home and Family (HF)
8. Morals and Religion (MR)
9. Adjustment to School of Nursing (ASN)
10. The Future: Professional and Educational (FPE)
11. Curriculum and School Program (CSP)
12. Adjustment to Human Relationships in Nursing (AHR)
13. Adjustments to Administration of Nursing Care (AAN)

There are 28 problems in each area, these being arranged in groups of four items across the seven columns of problems. The first area is the top group, the second the second group, and so on down the pages. On page five there is at the end of each group a box in which to record the count of problems marked in each area. In the left half of the box put the number of items circled as important; in the right half, put the total number marked in the area (including the circled items as well as those underlined only). At the bottom of the column enter the totals for the list.

NOTES

The remainder of this page and the next may be used for counselor's notes.
An analysis of personal problems....