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A study of expressed problems in relation to available counseling services

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Boston University
A STUDY OF EXPRESSED PROBLEMS
IN RELATION TO AVAILABLE
COUNSELING SERVICES

by

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(B.S., Boston College, 1959)

A field study submitted in partial
fulfillment of the requirements
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Second Reader  Jane S. Chern
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CHAPTER I

INTRODUCTION

Educators in nursing are becoming more aware of their responsibility for the personal development of the student. Emphasis in any educational setting must be placed on the student, her development as an individual, a member of society as well as her abilities as a skilled practitioner. Guidance programs as a part of educational programs make it possible to consider the academic and personal needs of the student. Arbuckle emphasizes this when he says, "guidance has been accepted as an integral part of the educational program at all levels".

It is essential that guidance programs and counseling services be a part of the educational programs for students of nursing if their total development as professional persons and educated citizens in a democratic society are the objectives of professional education. Guidance covers many aspects of the educational program and at the heart of guidance is the counseling service available to the student.

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1 Dugald S. Arbuckle, Guidance and Counseling in the Classroom (Boston: Allan and Bacon, Inc., 1958), p. 6.
Statement of the Problem:

Effective counseling, as part of the guidance program, will enable the student to become more aware of personal and professional problems. This awareness makes it possible for the student to more effectively solve these problems. It is believed by the writer that students in a school of nursing employing a professional counselor will demonstrate a greater awareness of problems than will students in a school of nursing where faculty advisors are utilized as counselors.

Justification of the Problem

The quality and effectiveness of guidance programs and counseling services is dependent upon the personnel responsible for the organization and direction of them. Studies by Dill, Clark, and Triggs and Bigelow emphasize the importance of


3 Faye Clark, "Exploration of the Counseling Role of Thirteen Instructors in a School of Nursing" (unpublished Master's field study, School of Nursing, Boston University, 1959).

qualified personnel for the direction and organization of guidance programs and participation in counseling services. Further studies must be done to prove the greater effectiveness of qualified personnel in meeting students needs.

Scope and Limitations

The study was conducted in four accredited general hospital schools of nursing in the New England area. One hundred students of nursing participated in this study. Data were collected from twenty-five students in each school. All students were in the second year of their educational program. All four schools had a guidance program. Two of the schools had a professional counselor responsible for the counseling services. The other two schools utilized their faculties as advisors or counselors.

No attempt was made to evaluate the guidance or educational program of any of the schools. This study is limited to problems pertinent to counseling as expressed by students of nursing.

Review of Methodology

Four diploma schools of nursing were selected for the study. The schools were coded A, B, C and D.

Schools A and B were selected because they had similar counseling services and did not employ a professional counselor but utilized their faculty as advisors. They are described as
one group because of the organization of their counseling services. Schools C and D were selected because they had similar counseling services and did employ a professional counselor. They are described separately because of minor differences in the organization of their counseling services.

The Problem Check List Form for School of Nursing by Luella J. Morison which contained thirteen problem areas was administered to one hundred students in the second year of their educational program. Data were collected from twenty-five students in each school of nursing. Analysis of variance was the statistical technique used in this study for the purpose of analysis.

Definition of Terms

Terms as used in this study are defined as follows:

Guidance—"the process by which the child is aided to greater stability, insight and understanding, so that he is more capable of operating as a free and creative citizen in a democratic society".6

Counseling—counseling is the process by which, "the counselor assists the student to choose goals which will yield maximum satisfaction within the limits of those compromises

5Appendix A.

6Arbuckle, loc. cit., p. 6.
necessitated by uncontrolled and uncontrollable factors in the individuals and in society itself". 7

Professional Counselor--Counselor as defined by the writer is in terms of educational preparation. A professional counselor has a minimum of preparation, a Master's Degree with preparation in either social work or counseling.

Faculty Advisor--A teacher on the faculty of a school of nursing who in addition to her teaching responsibilities is assigned a designated number of students to advise or counsel regardless of her educational preparation for counseling.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

The review of literature will be divided into two sections. An examination of related articles and books will be presented in the first section, and an examination of related studies in the second section.

The examination of articles and books considers such aspects related to the study as; the adolescent period, the educators responsibility to adolescent students, and nursing students' adjustment problems in schools of nursing.

The adolescent period is a time of great adjustment for the student. Adolescent period was well described by Schlesinger:

"The chronological subdivision of the ages of man between the years of twelve and twenty is more than a span of years. It is a state of mind, a philosophy of life, a period of advancing toward and retreating from life's responsibilities. It is the difficult road toward adult living, encompassing the period of greatest conscious growth and development, adolescence marks that era of struggle, a demand for freedom from restraints, without the courage, ability, or judgement required to assume the burdens of unsupervised actions."

1Anna M. Schlesinger, "A Time of Weal or a Time of Woe", Nursing Outlook, XIII (September, 1960), p. 496.
This period of time is not only one of adjustment but one of turmoil for the adolescent. As Conklin states:

"The simple conceptions of life which once satisfied are no longer adequate. The process of education brings ever new ideas and interpretations. The world for the youth is thus changing rapidly." ²

Educators dealing with young people at this time have a responsibility together with the family and the community in assisting the student. Arlitt emphasizes this when she says:

"Since education at home and in school is probably by far the largest factor in producing sound or unsound mental attitudes, it is the responsibility of the home, the school, and the community to develop those ideals and attitudes which will make for a socially adjusted individual who makes all feasible contributions to society within the limits of his capabilities, his general intelligence and his physical makeup."³

It would appear, then, that educators should realize the importance of the fact that they are not teaching merely subject matter but students with individual feelings and needs.

Educators in nursing must consider not only that nursing students are to become skilled practitioners but also professional people living in a democratic society.


Educational programs in nursing should assist nursing students in both their personal and professional development during the time spent in a school of nursing. Fitzpatrick emphasizes this further when he states:

The period during which the student nurse is in training is critical. The training school receives her as an adolescent who is just beginning to develop the independence necessary to carry on successfully as an adult. 4

The period of life the students spend in schools of nursing can be more crucial than that spent by students in other types of educational settings because of the traumatic situations inherent in the profession of nursing. Kilgalen points this out when she says:

Students have the same needs that other young women their age group have. In addition, they have needs which arise from the many stressful situations they face in the course of their professional education. They must somehow learn to accept without becoming immobilized by their anxiety, the attempted suicide, the unmarried mother, the malnourished child. 5

It can be seen that the period of life, plus the educational setting, increases the need for emphasis to be placed by nursing educators on all aspects of the nursing students' development. In view of this statement there is a

great need for comprehensive guidance programs in schools of nursing. These programs enable faculties to assist the students in making healthful and purposeful adjustments in their personal and professional lives.

An examination of eleven studies yielded information as to; why guidance programs are needed in schools of nursing, how counseling can be effective, nursing students' attitudes toward counseling, nursing faculties' feelings about counseling and evaluations of some existing counseling services.

Garrigan, in her study suggested an in-service program for faculty members. The purpose of the study was to change attitudes of nurse instructors toward student problems. A questionnaire was sent to 175 graduate nurses serving in the Army Nurse Corps in a general hospital. In her study she pointed out several facts which further emphasize the need for guidance programs in schools of nursing. These were as follows:

1. The high drop-out rate.
2. The lack of knowledge of what becomes of drop-outs.
3. The increasing enrollments in schools of nursing.
4. The average age is 17 to 21 years.
5. The increased recognition of the need for nurses.
6. The increased fields of specialization in nursing.
7. The development of the research aspect of nursing.

Mary Ann Garrigan, "Guidance in the School of Nursing: A Suggested In-Service Program for Faculty Members" (Unpublished Master's thesis, School of Education, Boston University, 1947).
8. The high drop-out rate of graduate nurses from nursing following the war.
9. The evidence of need for esprit de corp among graduates.
10. The urgency of unrest among nurses characterized by the demand for more economic security and leadership to solve personnel difficulties.
11. The need for continuing teaching in hospitals to supplement learning and promote professional growth.
12. The extended use of the subsidiary worker and the difficulties which arise between the professional and non-professional groups.
13. The absence of follow-up programs in schools of nursing.

Wiley devised a questionnaire that she administered to 427 students in three schools of nursing. The purpose of the study was to determine the attitude of nursing students toward nursing and to find causes of dissatisfaction. She concluded that the majority of students enjoyed their profession. The number who would again choose nursing as a career and who planned to continue in nursing substantiated this statement. However, the number who did not feel this way about the profession pointed out the need for more frequent evaluation with the student of her objectives.

In addition, only 67.5 percent of the students felt that they had someone on the faculty with whom they could discuss personal as well as nursing problems, and 50.6 percent

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of the students who had no one would like someone with whom to discuss problems.

These findings appear to indicate the need for counseling services to be available for nursing students in order for them to evaluate professional objectives and goals and also to discuss personal problems.

Peters reviewed the existing counseling plan at Florida A. and M. College and utilized the Mooney Problem Check List to determine if improvement of the counseling and guidance services might reduce the withdrawal rate.8

In light of her evidence she concluded that the number and types of problems reported by students retained in the school inhere to the reasons for withdrawal. This emphasizes the need for improved guidance programs and counseling services in schools of nursing in order to reduce the withdrawal rate of students after having been accepted into a school.

Siniapkin administered the Gilmore Sentence Completion Test to 115 freshman students in three schools of nursing.9 The purpose of his study was to compare academic success with responses on the test.

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Through an examination of total test responses he concluded that, there were significant differences with respect to general behavior and outlook of the high achieving and the low achieving students. The low achiever presented a less healthy emotional adjustment. The emotional problems appeared deeper and more diffuse, although in some cases lack of adjustment appeared to equal that of some high achieving students. The point made by him was that at least some of the emotional involvement of the poor student hindered progress of school achievement.

This illustrates the fact that emotional problems can affect academic success in schools of nursing. Adequate counseling services, as part of a guidance program, can assist students to become aware of and resolve emotional problems. In this manner counseling services can be of value in improving the academic achievement of students.

A study to evaluate the effectiveness of a seminar in human relations was done by Fuller and Batchelder. The seminar was considered to be a part of the counseling services. The anticipated result was that students would increase their understanding of human relations and that they would face problems more realistically. In this study a control class of sixty students had been admitted the year before a pilot class

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10 Myrtice Fuller and Hilda Batchelder, "A Partial Evaluation of a Seminar in Human Relations, in a Diploma School of Nursing (unpublished Master's field study, School of Nursing, Boston University, 1957).
of fifty-two students who participated in the study were admitted. Effectiveness of the seminar was measured in terms of: (1) rate and reason for withdrawal, (2) understanding of mental hygiene by the student, (3) the number and kinds of problems of concern to the student. The three tools used were (1) The Morison Problem Check List, (2) The Mooney Problem Check List, (3) The Nahm Mental Hygiene Test.

Some of their conclusions are as follows:

1. Students in the pilot class gained an understanding and insight which enabled them to face problems more realistically and to cope with them more effectively than did the control group. Evidence for this was the reduction in the withdrawal rate. The total rate of withdrawal was eight percent less than it was for the control class.

2. Concurrent with and dependent upon this greater understanding and acceptance of themselves, there was an increased understanding of and greater ease in developing relationships with others.

3. There was an increased understanding of mental hygiene principles by members of the pilot class.

It can be seen from this study that counseling in the form of a seminar in human relations is of value to nursing students. This was evidenced by improvement in each of the three areas for evaluation established by the authors prior to the seminars.

Dill also used the Morison Problem Check List in an analysis of the problems of 300 students in four schools of nursing. Some of her conclusions were as follows:

\[11\] Dill, loc. cit.
1. There was a definite willingness on the part of student nurses to cooperate with administrators in their attempt to organize better counseling programs.

2. Only students themselves can furnish information on the nature and importance of their problems.

3. Administrators can be assisted through a knowledge of student problems in determining the extent of assistance students need and the kind of program which should be established in order that students can make the right kind of adjustments to their problems.

4. There is a definite need in schools of nursing for a well-qualified personnel director on the faculty.

Riddell utilized a problem check list in an analysis of the problems of 163 Canadian nursing students. She pointed out in her conclusions that emotional instability was expressed by over one-quarter of the students. The students expressed a feeling that they were not trusted by the faculty. More than one-half of the students who expressed a desire for counseling did not know any person with whom they could talk.

These last two studies are particularly pertinent since they emphasized that nursing students are willing to participate in and desire counseling services.

Clark explored the role of thirteen counselors in a diploma school of nursing. There were 138 students enrolled

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12Frances Riddell, "An Analysis of Personal Problems Reported by 163 Canadian Nursing Students" (unpublished Master's thesis, School of Nursing, Boston University, 1951).

13Clark, loc. cit.
at the school. Each student had been assigned to an instructor who acted as a counselor. A counseling form and a questionnaire were devised and utilized by the instructors in order to collect data. The study pointed out the following:

1. Instructors spent too little time in counseling students due to a heavy schedule of activities.

2. Instructors were unaware of the resources that could be available to them in counseling.

3. Faculty members did not seem to be educationally prepared for the role of counselor although they felt this should be part of their teaching activities.

4. The focus of the counseling program in a hospital school of nursing appeared to be on an educational level rather than on meeting all the personal needs of students.

Clark's study emphasizes the need for improved counseling services and qualified personnel to participate in these services.

Several studies have been done to evaluate counseling services available to nursing students. Dayall studied the opinions of 133 nursing students concerning counseling in the clinical area.14 A form was developed to collect data which contained problem areas that would be within the experience of all the students. Some of her conclusions were:

14Lydia Dayall, "Nursing Students Opinion of Counseling in the Clinical Area in a Selected School of Nursing," (unpublished Master's field study, School of Nursing, Boston University, 1960).
1. More positive learning was obtained in the counseling category than in the criticism category.

2. The majority of students felt that counseling in evaluation added to personal growth and development as well as increased learning and understanding.

3. It was found that the number of students criticized was greater than the number counseled.

Triggs and Bigelow administered the Mooney Problem Check List to 407 nursing students in order to determine to whom the students went for counseling and to what extent they felt counseling was helpful. Some of the conclusions of this study were as follows:

1. Students did not seem to be receiving as much helpful advice on problems as they should to make their preparation as constructive as it should be.

2. The advice which seemed to be needed should have come from both faculty members and a trained personnel worker. It was too much to expect that some of the expressed problems could be handled by faculty members alone.

3. A plan which would foster more adequate prevention of problems in a school of nursing might be projected. Advice would be more helpful if the problems were evident from the beginning.

Howland administered the Morison Problem Check List and a supplementary questionnaire to 194 nursing students to

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15Triggs and Bigelow, loc. cit.
determine their opinions of the counseling program.\textsuperscript{16} She concluded that the total group of students did not discuss even half of their problems in any area with their assigned counselor. These last three studies discussed indicate that a large number of students of nursing did not feel that the counseling services available to them met their needs.

From the review of the literature one can assume that counseling services are a valuable and desirable part of educational programs in schools of nursing but that existing counseling services could be improved. It would also appear to imply that improvement of counseling services might be initiated through the employment in schools of nursing of professional counselors who are educationally prepared to administer these services. These thoughts form the basis of the hypotheses of this study.

Statement of Hypotheses

The inclusion of professional counseling is a significant factor in the expressed awareness of students problems in the following thirteen areas:

1. Health and Physical Development.
2. Finances and Living Conditions.
4. Social-Psychological Relations.

\textsuperscript{16}Ellen D. Howland, "A Study to Determine the Opinions of Nursing Students Towards the Counseling Program in a Selected School of Nursing" (unpublished Master's field study, School of Nursing, Boston University, 1955).
5. Personal-Psychological Relations.
6. Courtship, Sex and Marriage.
7. Home and Family.
9. Adjustment to School of Nursing.
13. Adjustment to Administration of Nursing Care.
CHAPTER III

METHODOLOGY

Selection and Description of the Sample

Diploma schools of nursing as participants in this study were selected from a list of accredited schools of nursing in Massachusetts and Rhode Island. The only criteria used for the selection of the schools was that they be connected to general hospitals with a bed capacity below 325 beds, and that they were fully accredited by the Accrediting Service of the National League of Nursing.

The writer then called eight schools who met this criteria in an attempt to locate two schools whose counseling services were directed by a professional counselor and two schools in which faculty advisors were utilized as counselors. For descriptive purposes the letters A and B were assigned to the two schools that were not employing a professional counselor, and the letters C and D assigned to the two schools that were employing a professional counselor.

The following is a description of the overall counseling services of the schools used in this study. Schools A and B have, as part of their guidance program, counseling services available for the students. The organization and function of these in each school are similar. Upon admission to the school every student is assigned to an instructor who acts as the students' faculty advisor. This role of faculty advisor
is in addition to the teaching responsibilities of the instructor. The first year in the school the student is required to see her faculty advisor at least four to six times during the year. The counseling sessions are initiated by either the student or the faculty advisor. However, each advisor has an open door policy and students may request counseling services from their faculty advisor whenever they desire.

During the second and third year in the schools the students are allowed to choose their own faculty advisors and there is no requirement in relation to the number of counseling sessions. The student or faculty advisor is free to initiate the counseling session as the need arises. The Assistant Director of Education and/or the Director of Nurses act as resource people for the faculty advisors. If a problem arises that the faculty advisor does not feel capable of handling she may refer the student to either of these people for further assistance.

Schools C and D also have guidance programs and counseling services available to students. School C employs a faculty member who has a Master's degree in psychiatric social work. She is responsible for counseling all students in the first year of their educational program in the school. The students make appointments with her as the need arises. During the second and third years of the educational program each student chooses a faculty member who acts as an advisor.
The school counselor then becomes a resource person for the faculty advisors, and also conducts in-service education in counseling.

School D employs a faculty member who is a nurse and has a Master's degree in counseling. She is responsible for all counseling of students in the school of nursing and this is her sole function in the school. All counseling sessions are initiated by the students as the need arises. The other faculty members are involved in guidance only in relation to academic matters.

The one hundred students who participated in the study were in the second year of their educational programs. The second year students were selected because the writer believed that students in this period of their program would demonstrate a clearer picture of the problems of nursing students than if they were in their first or last year of study. The criteria used for selection was that they represented a cross section of students who were in the second year of the program and were of comparable age. The age range of the students was nineteen to twenty-three years of age.

Students in the first year of the educational programs were not included in the study because the writer believed that they would be concerned with the problems of living away from home for perhaps the first time and with the initial adjustment to the school program.

Students in the last year of the educational programs
were not included in the study because the writer believed that at this time they would be concerned with problems of planning for the future. Also, at this time, they may have resolved some of the problems that had been of concern to them during the educational program.

Tool Used to Collect Data

The tool used to collect data was the Problem Check List, Form for School of Nursing by Morison. The Check List is an adaptation of the Problem Check List developed by Rose L. Mooney at the Bureau of Educational Research, Ohio State University.

The reliability of the tool came from studies of college groups. There was evidence that the Check List reflects the relatively stable concerns of students. For example, the rank order correlations for the average number of problems marked in each area on the first and second administration was \( .90 \pm .04 \) for a group of thirty college students after one week, and \( .97 \pm .01 \) for a group of 190 college students after ten weeks.\(^2\)

The validity of the instrument was established by

\(^1\)Appendix A.

evidence that the Problem Check List reflects problems which a student is willing and able to identify at a given time. This comes in part from a study using the Form for Schools of Nursing. In Morison's study the question was asked, "Do you feel that the items you have marked on the list give a well rounded picture of your problems?" Ninety-two percent of the students felt that the items marked gave a well rounded picture of their problems. ³

The Problem Check List by Morison was selected by the writer because it illustrates a full range of personal matters which students might discuss with their counselors. The Check List is designed to reflect the problems which a student senses and is willing to express at a given time. ⁴

The immediate function of the Check List is to help students in the expression of their personal problems. The list contains 364 items. The items are arranged into thirteen problem areas. These areas are as follows:

1. Health and Physical Development
2. Finances and Living Conditions
3. Social and Recreational Activities
4. Social-Psychological Relations
5. Personal-Psychological Relations
6. Courtship, Sex and Marriage
7. Home and Family
8. Morals and Religion
9. Adjustment to School of Nursing
10. The Future: Professional and Educational
11. Curriculum and School Program
12. Adjustments to Human Relationships in Nursing
13. Adjustments to Administration of Nursing Care

³Ibid, p. 5.
In each area there are twenty-eight problems. They are arranged in groups of four across the page in seven columns. The first four items in each column across the page make up the first area. The second group of four the second area and so on down through the thirteen areas.

**Procurement of Data**

A personal contact was made by the writer with each of the four directors of the schools of nursing selected. The purpose of the study was explained and permission was granted to conduct the study in each school. There were follow-up letters and conversations to set up and confirm dates for meeting with the students. In schools C and D some of the students were away on psychiatric affiliation and there was not a sufficient number of second year students in either school to meet the desired sample of twenty-five. However, since both schools sent their students to the same psychiatric hospital for this experience arrangements were made with the Director of Nurses to meet with the required number of students at the psychiatric hospital.

In each situation the writer was introduced to the students by a faculty member, who then withdrew. A brief explanation concerning the study as well as a letter of explanation attached to the Check List was given to each student. Before the student started to fill out the Check

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5 Appendix B.
List, the writer read the directions for completion to them and instructed them to omit their name on the list. The students were allowed as much time as was needed to fill out the Check List.

Data were collected during December of 1962 and January of 1963. The number of problems underlined in each of the thirteen areas by all students in schools A and B were totaled as were the number of problems underlined in each area by all the students in schools C and D. Analysis of variance for each of the thirteen problem areas was computed.
CHAPTER IV

FINDINGS

Presentation and Discussion of Data

The responses for each of the thirteen problem areas for schools A, B, C and D were tabulated. The number of responses for schools A and B were totaled as were the responses for schools C and D in each of the thirteen problem areas. Tables to show the number of those responses, the means and the standard deviations of the total responses for the thirteen problem areas for each school of nursing, followed by the combined responses from schools A and B and schools C and D are presented in Appendix C.

Analysis of variance was the statistical procedure used to determine if there were significant differences between the number of responses from schools A and B and schools C and D in the thirteen problem areas. The statistics were examined for significant differences at the .05, .01 and .001 levels.

A variance table to show the level of significance and a discussion for each problem area are presented in tables one through thirteen.

Table 1 shows that in the problem area, Health and Physical Development, there is no significant difference demonstrated in the expressed awareness of problems by students in schools A and B which utilize faculty members as advisors.
and schools C and D which employ professional counselors.

TABLE 1

COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF HEALTH AND PHYSICAL DEVELOPMENT

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<th>Levels of Significance</th>
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<td>Among</td>
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<td>1</td>
<td>5.760</td>
<td>.847</td>
<td>not sig.</td>
</tr>
<tr>
<td>Within</td>
<td>667.000</td>
<td>98</td>
<td>6.806</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>672.760</td>
<td>99</td>
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<td></td>
</tr>
</tbody>
</table>

Table 2 presents data concerned with the problem area, Finances and Living Conditions.

TABLE 2

COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF FINANCES AND LIVING CONDITIONS

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>54.000</td>
<td>1</td>
<td>54</td>
<td>6.407</td>
<td>.05</td>
</tr>
<tr>
<td>Within</td>
<td>826.000</td>
<td>98</td>
<td>8.428</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>890.000</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
An analysis of data presented in Table 2 reveals that in the problem area, Finances and Living Conditions, there is a significant difference in the expressed awareness of problems at the .05 level. The significant difference is evidenced by greater awareness of problems in this area by students in schools of nursing utilizing faculty advisors. The problems marked by students in schools A and B utilizing faculty advisors totaled 220. The problems marked by students in schools C and D employing professional counselors totaled 140.

Several variables which were not considered in this study may be factors which influenced the number of problems marked in this particular area. Some of these variables are; the types of nurses residences, recreational facilities available, regulations in each residence, interpersonal relationship among students, economic status of students and financial help available for students in each school.

Data for the problem area, Social and Recreational Activities, are presented in Table 3. The data indicate that there is no significant difference in expressed awareness of problems between the students who utilized faculty members as advisors and those who took their problems to professional counselors.
TABLE 3

COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF SOCIAL AND RECREATIONAL ACTIVITIES

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within</td>
<td>1076.580</td>
<td>98</td>
<td>10.985</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1091.790</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4 indicates that there is no significant difference in the expressed awareness of problems between the two groups of students relative to the problem area, Social-Psychological Relations.

TABLE 4

COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF SOCIAL-PSYCHOLOGICAL RELATIONS

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>4.00</td>
<td>1</td>
<td>4</td>
<td>0.374</td>
<td>not sig.</td>
</tr>
<tr>
<td>Within</td>
<td>1036.040</td>
<td>98</td>
<td>10.571</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1040.040</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5 reveals that in the problem area, Personal-Psychological Relations, the expressed awareness of problems by students in schools A and B utilizing faculty advisors does not differ significantly from the students in schools C and D which employ professional counselors.

**TABLE 5**

**COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF PERSONAL-PSYCHOLOGICAL RELATIONS**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>1.210</td>
<td>1</td>
<td>1.210</td>
<td>0.090</td>
<td>not sig.</td>
</tr>
<tr>
<td>Within</td>
<td>1316.180</td>
<td>98</td>
<td>13.430</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1317.390</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 6 demonstrates that there is no significant difference as to the expressed awareness of problems dealing with courtship, sex and marriage between the two groups of students.
TABLE 6
COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF COURTSHIP, SEX AND MARRIAGE

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>3.240</td>
<td>1</td>
<td>3.240</td>
<td>.528</td>
<td>not sig.</td>
</tr>
<tr>
<td>Within</td>
<td>600.920</td>
<td>98</td>
<td>6.131</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>604.160</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 7 describes the data for the problem area, Home and Family. These data do not reveal a significant difference between the student groups as to their expressed awareness of problems in this area.

TABLE 7
COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF HOME AND FAMILY

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>4.000</td>
<td>1</td>
<td>4.000</td>
<td>.461</td>
<td>not sig.</td>
</tr>
<tr>
<td>Within</td>
<td>433.440</td>
<td>98</td>
<td>8.673</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>437.440</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The findings reported in Table 8 for the problem area, Morals and Religion, show that there is no significant difference in the expressed awareness of problems between the students who receive counseling from professional counselors and those who receive it from faculty advisors.

**TABLE 8**

**COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF MORALS AND RELIGION**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>not sig.</td>
</tr>
<tr>
<td>Within</td>
<td>850.040</td>
<td>98</td>
<td>8.673</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>850.040</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9 is presented to show that there is no significant difference in the expressed awareness of problems between the two groups in the problem area, Adjustment to School of Nursing.
TABLE 9
COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF ADJUSTMENT TO SCHOOL OF NURSING

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within</td>
<td>950.500</td>
<td>98</td>
<td>9.698</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>951.710</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The data for the problem area, The Future: Professional and Educational, are presented in Table 10. It demonstrates that there is no significant difference between the two groups in their awareness of problems in this area.

TABLE 10
COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF THE FUTURE: PROFESSIONAL AND EDUCATIONAL

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>.090</td>
<td>1</td>
<td>.090</td>
<td>.010</td>
<td>not sig.</td>
</tr>
<tr>
<td>Within</td>
<td>832.900</td>
<td>98</td>
<td>8.498</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>832.990</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 11 discloses that there is no significant difference in the expressed awareness of problems in the problem area, Curriculum and School Program, between the two student groups participating in this study.

**TABLE 11**

**COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF CURRICULUM AND SCHOOL PROGRAM**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>15.210</td>
<td>1</td>
<td>15.210</td>
<td>2.88</td>
<td>not sig.</td>
</tr>
<tr>
<td>Within</td>
<td>513.300</td>
<td>98</td>
<td>5.237</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>528.510</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 12 shows that in the problem area, Adjustment to Human Relations in Nursing, there is no significant difference in the awareness of problems between the two groups of students.
TABLE 12
COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF ADJUSTMENT TO HUMAN RELATIONS IN NURSING

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>4.000</td>
<td>1</td>
<td>4.000</td>
<td>1.116</td>
<td>not sig.</td>
</tr>
<tr>
<td>Within</td>
<td>351.240</td>
<td>98</td>
<td>3.584</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>355.240</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An analysis of data presented in Table 13 reveals that the expressed awareness of problems in the area, Adjustment to Administration of Nursing Care, does not differ significantly between those students in schools A and B counseled by faculty advisors and those in schools C and D counseled by professional counselors.
TABLE 13

COMPARISON OF STUDENTS' EXPRESSED AWARENESS OF PROBLEMS WITH RESPECT TO AVAILABLE COUNSELING SERVICES IN THE AREA OF ADJUSTMENT TO ADMINISTRATION OF NURSING CARE

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Levels of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among</td>
<td>26.010</td>
<td>1</td>
<td>26.010</td>
<td>3.642</td>
<td>not sig.</td>
</tr>
<tr>
<td>Within</td>
<td>699.780</td>
<td>98</td>
<td>7.140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>725.790</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Data in the study indicated that there is a significant difference in the expressed awareness of problems at the .05 level for the problem area, Finances and Living Conditions. In this particular problem area the students in the schools of nursing utilizing faculty advisors as counselors demonstrated a greater awareness of problems than did the students in the schools of nursing employing professional counselors. The difference in expressed awareness is not significant in the remaining twelve problem areas. These findings lead the writer to consider that factors other than the educational preparation of an available counselor may effect the expressed awareness of students' problems. In view of this the following facts are presented and questions raised.

The tool was utilized to examine the number of problems expressed in each of thirteen problem areas by two groups of students. The study did not attempt to evaluate the quality of the counseling in the schools of nursing participating in the study. The only difference considered was the presence of educationally prepared counselors in schools C and D and the utilization of faculty advisors as counselors in schools A and B. The findings lead the writer to raise a question as to the quality of counseling services. Is this dependent upon the personality, the warmth and the understanding of the individual in the role of counselor or advisor, rather than upon her educational preparation for counseling?
Another factor which might have influenced data needs to be considered. Students may seek out other people such as family members, clergymen, classmates, friends and various faculty members for advice or counsel. The data were examined for the number of problems expressed by the students and no attempt was made to determine from whom the students seek counseling services. It is possible that the other people utilized by students for counseling could have effected their awareness of problems to the same degree as the designated counselor or advisor. A question might then be raised as to whether or not students seek help from others because they perceive the professional counselors as members of a staff in an evaluative role rather than as available to aid them by means of a non-evaluative helping relationship?
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to determine if the students in schools of nursing where a professional counselor was employed would demonstrate a greater awareness of personal problems than students in schools of nursing utilizing faculty advisors for counseling services. It was the writer's hypotheses that there would be a significant difference in the awareness of problems in each of the following thirteen problem areas:

1. Health and Physical Development
2. Finances and Living Conditions
3. Social and Recreational Activities
4. Social-Psychological Relations
5. Personal-Psychological Relations
6. Courtship, Sex, and Marriage
7. Home and Family
8. Morals and Religion
9. Adjustment to School of Nursing
10. The Future: Professional and Educational
11. Curriculum and School Program
12. Adjustment to Human Relationships in Nursing
13. Adjustments to Administration of Nursing Care

The Morison Problem Check List was administered to fifty students in two schools of nursing employing professional counselors and to fifty students in two schools of nursing utilizing faculty advisors as counselors. The Check List was organized into thirteen problem areas and there were twenty-eight problems in each area.
The number of responses were tabulated and an analysis of variance was the statistical procedure used to determine if there was a significant difference between the two student groups as to their awareness of expressed problems in any of the thirteen problem areas.

Analysis of variance revealed a significant difference at the .05 level in one problem area, Finances and Living Conditions. The difference was not significant at the .01 or .001 levels. There were no significant differences revealed at the .05, .01 or .001 levels for any of the other twelve problem areas.

Conclusions

The writer stated the belief that the employment of a professional counselor in a school of nursing can assist students to express greater awareness of personal problems. The data did not support the hypotheses that the inclusion of professional counseling is a significant factor in the expressed awareness of students problems in the following thirteen areas:

1. Health and Physical Development
2. Finances and Living Conditions
3. Social and Recreational Activities
4. Social-Psychological Relations
5. Personal-Psychological Relations
6. Courtship, Sex, and Marriage
7. Home and Family
8. Morals and Religion
9. Adjustment to School of Nursing
10. The Future: Professional and Educational
11. Curriculum and School Program
12. Adjustment to Human Relationships in Nursing
13. Adjustments to Administration of Nursing Care
A significant difference was demonstrated in the problem area of Finances and Living Conditions. However, this difference was the result of greater awareness of problems demonstrated by students in schools A and B who use faculty advisors as counselors and not for the schools who utilize professional counselors. Therefore, the hypotheses in relation to this problem area also was not supported.

Recommendations

Based on the findings of this study the following recommendations are proposed:

1. Replication of this study utilizing a larger sample of nursing students as well as students who are in all three years of their educational program to determine if the findings would parallel those of this study.

2. A study to determine the qualities that students consider essential in a counselor or advisor.

3. A study to determine who the students utilize for counseling other than the individuals specifically designated as counselors or advisors.

4. A study using the Morison Problem Check List and other instruments that would test variables within the educational environment itself which might effect nursing students' awareness of problems pertinent to counseling.
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APPENDIX A
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 (Practical, 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. Feeling 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 practice 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 sacrifices
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 discussions 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. Too 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 enough

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 "hard-boiled" nurse
206. Afraid of causing pain when giving treatments
207. Afraid to administer medicines
208. Can't take unpleasant odors or sights
209. Having frequent sore throat
210. Having frequent colds
211. Nose or sinus trouble
212. Speech handicap (stammering, etc.)
213. Living quarters unsatisfactory
214. Lacking privacy in living quarters
215. Living with unsatisfactory roommates
216. Noise in home interfering with sleep
217. Not enough time for myself
218. Too much social life
219. Failing to have fun in school activities
220. Desiring more cooperation among students
221. Disliking certain persons
222. Being disliked by certain persons
223. Getting into arguments
224. Being jealous
225. Losing my temper
226. Stubbornness
227. Carelessness
228. Laziness
229. Breaking up a love affair
230. Choice of continuing training or marrying
231. Thinking too much about sex matters
232. Competition in a love affair
233. Not telling my parents everything
234. Parents not trusting me
235. Being treated like a child at home
236. Being an only child
237. Having a guilty conscience
238. Yielding to temptations
239. Getting a bad reputation
240. Can't forget some mistakes I've made
241. Too easily distracted during classes
242. Absent from classes too often
243. Tardy for classes too often
244. Wanting to leave nursing
245. Not knowing what I really want
246. Not able to decide what nursing field to enter
247. Need information about future fields of nursing
248. Need education beyond nursing course
249. Courses too unrelated to each other
250. Too much repetition of some topics
251. Tests often unfair
252. Assigned study periods unsatisfactory
253. Dislike caring for demanding patients
254. Dislike caring for patients with certain diseases
255. Dislike caring for male patients
256. Can't be firm with patients
257. Routines in some departments hard to learn
258. Failure of departments to orient students
259. Nursing care checked to unreasonable degree
260. Too little credit given for good nursing care
261. Having poor teeth
262. Having poor hearing
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 worth while 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.

Name
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 (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 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.
Dear Student:

I am presently enrolled as a graduate student at Boston University School of Nursing. One of the areas in schools of nursing that is of interest to me is the guidance and counseling programs.

The study which I am doing in relation to this necessitates students identifying problems which are of concern to them. I have received permission from your Director of Nurses to conduct this study in your school. Therefore, I would appreciate your filling out the enclosed check list.

Thank you for your assistance.

Sincerely,

Marolyn E. Fader, R.N.
### TABLE 12

ANALYSIS OF ITEMS CHECKED IN EACH OF THE THIRTEEN PROBLEM AREAS BY TWENTY-FIVE STUDENTS IN SCHOOL A

<table>
<thead>
<tr>
<th>Problem Area*</th>
<th>Number of Expressed Problems</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Physical Development</td>
<td>126</td>
<td>5.040</td>
<td>2.375</td>
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<tr>
<td>Finances and Living Conditions</td>
<td>96</td>
<td>3.840</td>
<td>3.120</td>
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<td>Social and Recreational Activities</td>
<td>112</td>
<td>4.480</td>
<td>3.312</td>
</tr>
<tr>
<td>Social-Psychological Relations</td>
<td>127</td>
<td>5.080</td>
<td>2.770</td>
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<td>Personal-Psychological Relations</td>
<td>148</td>
<td>5.920</td>
<td>3.097</td>
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<td>Courtship, Sex and Marriage</td>
<td>70</td>
<td>2.800</td>
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<tr>
<td>Home and Family</td>
<td>69</td>
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<td>Morals and Religion</td>
<td>63</td>
<td>2.520</td>
<td>2.594</td>
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<td>110</td>
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<td>The Future: Professional and Educational</td>
<td>98</td>
<td>3.920</td>
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* 28 problems in each area
<table>
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<th>Standard Deviation</th>
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* 28 problems in each area
### TABLE 16
ANALYSIS OF ITEMS CHECKED IN EACH OF THE THIRTEEN PROBLEM AREAS BY TWENTY-FIVE STUDENTS IN SCHOOL C

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* 28 problems in each area
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* 28 problems in each area
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<th>Standard Deviation</th>
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* 28 problems in each area
### TABLE 19
ANALYSIS OF ITEMS CHECKED IN EACH 
OF THE THIRTEEN PROBLEM AREAS 
BY FIFTY STUDENTS IN 
SCHOOLS C AND D

<table>
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* 28 problems in each area