1957

A comparative analysis of attitudes of student nurses toward pediatric nursing

Shaw, Ethelrine

Boston University

http://hdl.handle.net/2144/6863

Boston University
A COMPARATIVE ANALYSIS OF ATTITUDES
OF STUDENT NURSES TOWARD
PEDIATRIC NURSING

By

Ethelrine Shaw
Bachelor of Science in Nursing
Ohio State University
1955

A field study submitted in partial fulfillment of the requirements for the
Degree of Master of Science in the
School of Nursing
Boston University
August, 1957.

First Reader

Miss Elizabeth J. Hall

Second Reader

Miss Barbara H. Moulton
ACKNOWLEDGMENTS

This study was supported (in part) by a Training Grant, Maternal and Child Health, from the Ohio Department of Health, Division of Maternal and Child Health.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>INTRODUCTION</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Statement of the Problem</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Justification of the Problem</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Scope</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Limitations</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Definition of Terms</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Basic Nursing Education and Clinical Resource</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Administration and Nursing Service</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Preview of Methodology</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Sequence of Presentation</td>
<td>8</td>
</tr>
<tr>
<td>II.</td>
<td>THE THEORETICAL FRAMEWORK OF THE STUDY</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Bases of Hypothesis</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Hypothesis</td>
<td>16</td>
</tr>
<tr>
<td>III.</td>
<td>METHODOLOGY</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Setting and Background</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Description and Selection of the Sample</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Pattern of Educational Experiences in Pediatric Nursing in Group A</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Weekly Plan of Rotations</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Evening and Night Duty</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Methodology and Procurement of Data</td>
<td>26</td>
</tr>
<tr>
<td>IV.</td>
<td>FINDINGS</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Presentation and Discussion of Data</td>
<td>28</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>V. SUMMARY, CONCLUSIONS AND</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Recommendations</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>Figure</td>
<td>Description</td>
<td>Page</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>I</td>
<td>A Contrast of Student Attitudes Toward Pediatric Nursing in the First Day and in the Sixth Week of the Experience, in Groups A and B</td>
<td>52</td>
</tr>
</tbody>
</table>
TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. A Summary of Students' Attitudes Towards Classroom Instruction in Groups A and B</td>
<td>30</td>
</tr>
<tr>
<td>II. A Summary of Students' Attitudes about Repetition of Course Content in Classroom Instruction in Groups A and B</td>
<td>31</td>
</tr>
<tr>
<td>III. A Summary of Students' Attitudes Concerning the Applicability of Material Learned in Class to the Ward Situation in Groups A and B</td>
<td>32</td>
</tr>
<tr>
<td>IV. A Summary of Students' Attitudes Toward the Complete Pediatric Experience in Groups A and B</td>
<td>34</td>
</tr>
<tr>
<td>V. Total Numbers of Students Having to Work Overtime in Groups A and B</td>
<td>35</td>
</tr>
<tr>
<td>VI. Attitudes of Students Regarding the Orientation to the Clinical Environment in Groups A and B</td>
<td>37</td>
</tr>
<tr>
<td>VII. Student Opinions Concerning the Availability of Time for Activities Outside of the Clinical Experience in Groups A and B</td>
<td>38</td>
</tr>
<tr>
<td>VIII. Student Preferences Regarding Specialization in Pediatric Nursing in Groups A and B</td>
<td>40</td>
</tr>
<tr>
<td>Table</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>IX.</td>
<td>Student Attitudes about Consulting Staff Members Regarding Care of Patients in Groups A and B</td>
</tr>
<tr>
<td>X.</td>
<td>Student Attitudes about Offering Suggestions to Staff Members about the Nursing Care of Patients, in Groups A and B</td>
</tr>
<tr>
<td>XI.</td>
<td>Frequency With Which Helpful Suggestions Were Given Students by Staff Members, in Groups A and B</td>
</tr>
<tr>
<td>XII.</td>
<td>Students' Evaluations Regarding the Quality of Nursing Care Given to Their Patients, in Groups A and B</td>
</tr>
<tr>
<td>XIII.</td>
<td>A Summary of Student Attitudes Regarding Preferences for Working with Children or Adult Patients, in Groups A and B</td>
</tr>
<tr>
<td>XIV.</td>
<td>A Summary of Student Attitudes Regarding Feelings of Security in Giving Nursing Care to Infants and Children, in Groups A and B</td>
</tr>
<tr>
<td>XV.</td>
<td>A Summary of Student Attitudes Regarding Feelings of Security in Relationships with Parents and Relatives of Sick Children in Groups A and B</td>
</tr>
<tr>
<td>Table</td>
<td>Page</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>XVI</td>
<td>51</td>
</tr>
</tbody>
</table>

**A Summary of Student Attitudes Toward the Residence in Which They Lived During the Pediatric Experience, in Groups A and B**
CHAPTER I.
INTRODUCTION.

The value of the contribution of the professional nurse to human welfare is being shown by a demand from society for the education of increased numbers of nurses. As a result of apprehensions about shortages in numbers, and deficiencies in education, persons involved in nurse education have been concerned with the different levels of nurse preparation. With demands in terms of quantity, there also appears the problem of complexity and extension of nursing functions or duties. The question is - is the nurse being prepared to meet the increasing demands, responsibilities and opportunities confronting her, in the work situation, daily, weekly and yearly? One area in nurse education, which is being investigated and revised, is the practical experience the student of nursing receives in the hospital situation. Clinical resources are being scrutinized with the intention of utilizing them for the student's educational needs, rather than in terms of fulfilling nursing service needs. Prac-
tical experience on the ward has long been considered an abso-
lute necessity in nurse preparation. Nurse educators are now pondering the best methods of its use for maximum effect-
iveness in nurse education.

STATEMENT OF THE PROBLEM.

It is the purpose of this study to make a comparative analysis of the attitudes of two groups of students of nursing toward their pediatric experience, with the variable of one group having to meet combined educational and nursing service needs, and the second group concerned only with educational needs. This has been done by:

(1) presenting satisfactions, dissatisfactions, and opinions expressed by the students in each group,
and (2) presenting differences in the kinds of problems which resulted from the different utilization of the clinical resource.

It is also the writer's intention to indicate the need for further research and evaluation in the practical phase of the student's experience.

JUSTIFICATION OF THE PROBLEM.

The future of nursing is no brighter than the quality of students of nursing being prepared today. Dorothy Smith, a nurse educator, writes:

Two of the most crucial conditions that need to be provided in nursing education today are for each student to have an
opportunity to (1) develop the feeling that she herself is respected, appreciated and cared for as an individual and (2) the opportunity to learn to become a nurse.

This study is concerned primarily with the way students feel, act and think because they should have some voice in determining educational objectives from which they are to benefit. This expression of felt needs tends to stimulate interest, act as a motivation for learning, and also gives the student an appreciation of her own value.

Much has been written about experience in the field of general education. John Dewey, the father of progressive education, has stated the following:

A primary responsibility of educators is that they not only be aware of the general principle of the shaping of actual experience by enironing conditions, but that they also recognize in the concrete what surroundings are conducive to having experiences that lead to growth. Above all, they should know how to utilize the surroundings, physical

and social, that exists so as to extract from them all that they have to contribute to building up experiences that are worth while. 2

For many years nurse educators have emphasized the importance of utilizing the trends and methods of general education; however, there appears to have been little research in a situation in which the clinical experience, for the student, has been reorganized in accordance with some of the concepts of general education.

**SCOPE.**

The students involved in this study are collegiate students of nursing who had their pediatric experience in a small seventy-five bed pediatric hospital. Approximately seventeen hospital schools of nursing also send their students to this hospital for the experience in pediatric nursing. Each group of university students, participating in the study, remained in the hospital situation over a period of three months. The first group of eight students received

---

room and board in return for service rendered to the hospital, and the second group of seven students paid all financial expenses themselves. One clinical instructor, on the faculty of the collegiate school of nursing, was responsible for the students' learning during the experience of the first group. This instructor, with some assistance in ward teaching from the investigator, also assumed responsibility for the second group.

**LIMITATIONS.**

There are two important limitations to this study -

1. The number of students participating in the investigation was very small; however, this was the total number of collegiate students in the situation at this time.

2. Adolescence is a period which is full of open conflict and emotional tensions, and the student vacillates from feelings of dependency and independency. The age range of the students was from 20 to 22 years with a mean age of 21 years. The investigator recognizes these factors, and remains firm in the belief that an
acknowledgment and revelation of student attitudes and interests are a part of helping the student become a well integrated individual. Students are also a valuable source of information as evaluators of their learning.

DEFINITION OF TERMS.

Attitudes. Thurstone defines attitudes as

"...sum total of man's inclinations and feelings, prejudice or bias, preconceived notions, ideas, fears, threats, and convictions about any specified topic."

3

Education. The Dictionary of Education, gives the following definition of education:

The aggregate of all the processes by means of which a person develops abilities, attitudes, and other forms of behavior of positive value in the society in which he lives.

4


BASIC NURSING EDUCATION AND CLINICAL RESOURCE.

The writer defines basic nursing education as that which prepares the individual to practice as a professional nurse. In this study the clinical resource means the environment in which the student receives her field practice.

ADMINISTRATION AND NURSING SERVICE.

Cecilia Perrodin gives the following definitions of administration and nursing service:

"Administration in its literal sense is derived from the Latin, ad-ministro, which means "I serve" or "I minister unto". More broadly, it is interpreted as managing, attending to, superintending, directing, controlling or governing." 5

"Nursing service might be defined on the one hand as the sum total of all the factors provided by the institution to ensure adequate nursing care." 6

PREVIEW OF METHODOLOGY.

Data was obtained by use of the focused interview in the eleventh week of the students' experience. A small amount of material was obtained from a brief pre-test given to each student on the second day, and in the sixth week of her experience.

SEQUENCE OF PRESENTATION.

Chapter II constitutes the theoretical framework of the study including a review of literature, bases of hypothesis, and statement of hypothesis. Methodology is discussed in Chapter III, and material is presented concerning the selection and description of the sample, tools used to collect data, and the procurement of data. The material obtained is presented and analyzed in Chapter IV. Chapter V contains a summary, conclusions and recommendations.
CHAPTER II.
THEORETICAL FRAMEWORK
OF THE STUDY.

Every practical experience must be selected because of its promise of fulfilling specific purposes seen as important by the learner and the teacher, in their common quest for mastery over selected situations.

A number of studies, in the form of unpublished theses, have been written about student attitudes, adjustments and satisfactions in various clinical areas of nursing. A number of investigators have felt that students' feelings, thoughts and actions may facilitate or hinder this "common quest for mastery" by student and teacher. The findings of related theses will be incorporated in a brief historical review of the literature over the last half-century.

An interest in disclosing beginning trends in the use of the clinical resource primarily as an educational tool for student nurse instruction, promoted this brief survey of the

literature. This review is necessarily limited because a very complete account would entail a total separate thesis.

The "boom" period in nurse education began in 1893, and lasted until 1913. Hospital administrators found that providing training schools for nurses was valuable for two good reasons. First, the apprenticeship method of teaching could be employed profitably; second, hospitals were becoming more acceptable to the public, thus creating a need for increased numbers of nurses. Simultaneously, persons interested in nurse education were concerned about the type of training given by individual schools. Lack of facilities for instruction, and non-uniformity in instruction seemed to be two pertinent problems.

Many persons were also questioning whether nursing was, or was not a profession. From 1902 to 1906, a number of articles discussing these problems appeared in the American Journal of Nursing. In 1902, some suggestions were offered by Dr. S. Weir Mitchell, a respected leader in nurse education. He emphasized the need for the student to assume complete financial responsibility for an education in nursing. Education would then be the essential purpose of the training school. He also felt that all theoretical classes should be taught in one central institution for all schools in the
locality before practical experience began. In the same year, Mary M. Riddle, a superintendent of a training school, expressed the importance of unity between hospital administration and the school of nursing, if goals of both groups were to be achieved.

Dr. Arthur A. Stone thought smaller schools should be abolished and relocated in larger institutions because of more facilities and better prepared teaching staffs.

Numerous articles, making similar suggestions, were written by administrators and educators. The training school gradually became the school of nursing, and a few were placed within universities and colleges. The period of education, in many schools, increased from two to three years. In 1905, Mrs. Hunter Robb made the following statement at a convention of The Federation of American Nurses.


Nor can we say that this increase in the duration of the training period has always been very advantageous from a purely educational standpoint; for it is obvious to all that while the added year of experience is of undoubted value to the student, the hospital of the two reaps the greater benefit, particularly when the nurses' hours on duty have not been shortened.

At the Nurses' Associated Alumni of the United States convention in 1906, one discussion centered around the question of whether or not nurses were being overtrained. Theoretical aspects were questioned and little reference was made to practical experience.

During this "boom" period, there appears to have been little interest in student feelings, opinions, or adjustments; however, there was a definite trend towards making education the primary purpose of the school of nursing. This trend was indicated when schools began to become parts of larger institutions for learning, and when students began to assume some financial responsibility for their education.

The period from 1913 to 1933 was referred to by Deborah

Jenson as "standard setting and stock taking". A number of well known studies were made over a period of years. A study conducted in 1923 concerned nursing and nursing education in the United States. Facts were gathered by utilizing research methods; suggestions similar to those made from 1902 to 1906 were offered. The committee stressed the advantages of placing schools of nursing in universities or colleges in order that equipment and facilities might be liberally supplied, and because qualified teachers would be available.

Other recommendations were -

(1) the school of nursing should exert powerful influence over the hospital with which the student affiliated,

(2) the hospital should not depend upon the school of nursing for unpaid nursing staff, and

(3) there should be freedom from financial dependency upon the hospital.

In the third edition of A Curriculum Guide for Schools of


Nursing, emphasis was placed on ward instruction and the importance of supervision during the ward experience. In the late 1930's, more interest was taken in the emotional and social adjustment of the student nurse. Counseling and guidance programs came into being and problems and interest of students were given consideration. In 1943, Alice E. Ingmire investigated student problems and a report of this study appeared in the American Journal of Nursing. Two of these problems were (1) those having to do with the ward situation, including relationships with patients, nurses, and doctors, and (2) difficulties in studying material which must be learned in one situation and practiced in another. Miss Ingmire concluded the following:


10. Ibid, p. 841.
"Student nurses have specific needs directly attributable to their work as student nurses aside from the needs and problems of young women, of the same group in other occupations. These problems deserve recognition and consideration in their true prospective if individuals affected by them are to find or create elements or aspects of their activity which will be personally satisfying to themselves." 11

In 1948, after extensive observation of schools of nursing, Esther Lucille Brown concluded that

"The University School should enter into relations with other institutions exclusively to obtain necessary clinical laboratories, not to help provide nursing service for patients." 12

Miss Brown also felt financial support should be made available to nursing education in order that good contractual arrangements might be made between university and hospital.

11. Ibid.

She recommended that students pay their own cost for maintenance. 13

**Basis of Hypothesis.**

In recent years numerous articles have been written about the value of proper utilization of the clinical resource. There is a beginning trend toward more complete emphasis on the educational aspects of the student's clinical experience. Dorothy Smith has proposed two conditions which will allow the student to learn to become a nurse as well as help the student feel she is respected, appreciated and cared for. These essential requirements are qualified personnel and freedom from the pressures and demands of nursing service. 14

Such requirements entail an entirely different use of clinical resources.

**Hypothesis.**

The student nurse will develop more positive attitudes toward pediatric nursing if there is emphasis on the educational aspects of the clinical experience.

13. Ibid., p. 159.

CHAPTER III.

METHODOLOGY.

SETTING AND BACKGROUND.

The investigation was conducted over a period of six months in a seventy-five bed hospital, which serves the community as a pediatric teaching institution, an infant and child care hospital, and a pediatric research center. It provides for students of nursing a school of affiliation in pediatric nursing, which is accredited by the Approving Authority for Schools for Nurses of the Commonwealth of Massachusetts. Seventeen schools send students to this hospital. For a period of three months, learning experiences are provided in the medical and surgical care of premature infants, infants, and children. This is not an affiliation for Boston University students because an instructor from the University is with the students in the clinical environment. The remaining sixteen schools provide three year educational programs for their students. Responsibilities for non-collegiate education are assumed by an educational director and a staff of clinical instructors, who are employed by the hospital. A faculty member of the School of Nursing of Boston University is responsible for the education of the collegiate students. In addi-
tion to instructors and students, there is a staff of registered graduate nurses who are in charge of the wards and supervise the care of the patients.

**DESCRIPTION AND SELECTION OF THE SAMPLE.**

The participants in the study are students matriculated at Boston University, School of Nursing. The school is fully accredited and offers a well-rounded, four year program. The curriculum is developed around four major cores of educational experience. The nursing core is described as follows:

The nursing core which integrates theory and practice develops through selected learning experience understandings, skills, and appreciations in the areas of communication, interpersonal relations, management, manual skills, problem-solving, and teaching.

Feelings about the personal development of students are summarized in the following paragraph obtained from the school bulletin:

The School of Nursing and the University are vitally concerned with the personal development of each individual student. They seek continuously to promote the general well-being of students and to guide them towards mature self-direction as re-

sensible citizens in present-day society. Provision is made for planned and informal group and individual discussions; student organization participation; student personnel services in orientation, health, housing, student activities, and placement.

Courses, during the first two years, are held mainly at the University with the exception of fundamentals of nursing courses. For the next two years students progress through each clinical experience in small groups; all obtaining experience in a variety of community agencies. The students return to the campus weekly for academic courses, and are encouraged to maintain their contacts and interests at the University.

The investigator was fortunate because her field practice, as a graduate student, was being obtained in the institution in which the study was carried out. About July, 1955, a decision was made to change the clinical experience for the undergraduate nurses in pediatric nursing, so that it could be more in keeping with collegiate principles of education. It was planned that the new program would be put into effect

2. Ibid.
in March 1957. The investigator felt it would be extremely interesting to study and compare student attitudes, because it would be possible to obtain attitudes as a result of the old and new educational patterns.

The two groups of students will be labelled Group A and Group B.

<table>
<thead>
<tr>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>control group</td>
<td>experimental group</td>
</tr>
<tr>
<td>under old pattern</td>
<td>under new pattern</td>
</tr>
<tr>
<td>received room, board and laundry for services rendered.</td>
<td>assumed responsibility for room, board and laundry</td>
</tr>
</tbody>
</table>

The eight students in Group A and the seven students in Group B are in their junior year at the University, and will be graduated in 1958. Previous clinical experiences have been in Medical and Surgical Nursing I and II. The nursery school experience is a requirement for all students during the sophomore year, and with the exception of one student in Group A, all have had other varied activities with infants and children. The mean age for students in Group A was 21 years, and 21.2 years in Group B. All students seemed very interested in the study and were willing to be participants.
21.

PATTERN OF EDUCATIONAL EXPERIENCES IN PEDIATRIC NURSING FOR STUDENTS IN GROUP A.

Rotations through the clinical environment were planned for all students by a nursing supervisor employed by the hospital. The hours the students were to be on duty, and student assignments to patients were at the discretion of the head nurse in each area.

GENERAL PATTERN OF TIME ALLOTMENT.

Boston University students received their practical experience by working on the wards thirty hours per week. Ten hours of pediatric nursing classes were scheduled each week, thus making a total of a forty-hour week. The hours for classes were a set part of the students' schedule, being from 2 - 4 P.M. on Monday, Tuesday and Wednesday afternoons, and on Thursday mornings from 8 - 12 noon. The thirty hours of actual ward work were centered around these classes, and as a result student hours on duty fluctuated in length and in combination of hours. Only pediatric classes were included in the forty-hour week, although all students had a course in Public Health Nursing from 2 - 5 P.M. on Thursdays, and many students had elected courses on the same evening.

Thursday was considered as a day off from the hospital, and one other day off (with or without classes) was given.
WEEKLY PLAN OF ROTATIONS.

The first six weeks of the experience included caring for infants on any infant floor, and a three day experience in the Formula Room. The second six weeks' activities included caring for children on any children's floor, with two days in the Out Patient Department, and three days in the play room. The above rotations could be reversed.

EVENING AND NIGHT DUTY.

At the beginning of their third week in pediatrics, the students worked one week of night duty, the hours being from 11 P.M. to 7:30 A.M. During the eleventh and twelfth weeks, students worked the relief shift consisting of hours from 2:30 P.M. to 11 P.M.

Room, board and laundry were paid by the hospital in exchange for services rendered.

GROUP B

Rotations through the clinical environment were planned for Boston University students by their clinical instructor. The hours and days the students were to be on duty were decided by members of the collegiate faculty in collaboration with institutional authorities. Student assignments to patients were determined by the clinical instructor and the head nurse in the area.
PRESENTATION OF PROGRAM FOR
THE TEACHING OF PEDIATRIC
NURSING.

I. General pattern of time allotment.

A. **Tuesday**
   
   7:00 - 12:00  ward experience
   
   12:00 - 12:30  lunch
   
   12:30 - 2:30  class
   
   2:30 - 3:00  Opportunity to talk with parents
   
   3:00 - 4:00  class

B. **Wednesday** (group divided in half)

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 9:00</td>
<td>7:00 - 12:00</td>
</tr>
<tr>
<td>clinic class</td>
<td>ward</td>
</tr>
<tr>
<td>9:00 - 11:00</td>
<td>12:00 - 1:00</td>
</tr>
<tr>
<td>clinic</td>
<td>rounds</td>
</tr>
<tr>
<td>11:00 - 12:00</td>
<td>1:00 - 1:30</td>
</tr>
<tr>
<td>discussion of clinic</td>
<td>lunch</td>
</tr>
<tr>
<td>12:00 - 12:30</td>
<td>1:30 - 2:00</td>
</tr>
<tr>
<td>lunch</td>
<td>discussion of rounds</td>
</tr>
<tr>
<td>12:30 - 2:00</td>
<td>2:00 - 4:00</td>
</tr>
<tr>
<td>library work</td>
<td>class</td>
</tr>
<tr>
<td>2:00 - 4:00</td>
<td></td>
</tr>
<tr>
<td>class</td>
<td></td>
</tr>
</tbody>
</table>

C. **Thursday**

8:00 - 11:00  class
II. Tentative Weekly Plan

Infants

First Week

Tuesday - introduction to hospital, pediatric nursing opportunity to hold and feed babies.

Wednesday - 7:00 - 12:00 bath demonstration and opportunity to give care to babies.

1:00 - 4:00 class

Second Week

Tuesday - Tuesday pattern

Wednesday - Wednesday Ward pattern

Third Week

Tuesday - Tuesday pattern

Wednesday - Wednesday clinic and ward patterns

Fourth Week - same as Third week

Fifth Week

Tuesday and Wednesday

7:00 - 1:00 assignments made by floor to demonstrate ability to organize and to give nursing care

2:00 - 4:00 class
Sixth Week
Same as Third Week

Older Children

Seventh Week
Tuesday - Tuesday pattern
(students going to clinic go to playroom with children)

Wednesday - Wednesday clinic and ward patterns

Eighth, Ninth and Tenth Weeks - same as Seventh Week

Eleventh Week - Same as Fifth Week

Twelfth Week

Tuesday

7:00 - 3:30 - opportunity to special anywhere in hospital, baby and/or child in need of this type of care

Wednesday

7:00 - 3:30 - opportunity to special anywhere in hospital, baby and/or child in need of this type of care

III. Student assumes responsibility for room, board and laundry.
METHODOLOGY AND PROCUREMENT OF DATA.

The interview was chosen as the method for collecting data because it afforded informal face to face contact, and could be as penetrating as the investigator desired. In order to obtain true feelings or attitudes, it is important to stimulate interest, and by interviewing this opportunity is offered. The two primary limitations of the interview are, first, the interviewee may suffer from faulty memory and second, most recent or the most intense phenomena are best remembered and retained.

There are a number of types of interviews which can be employed depending upon the data desired. The author utilized the following aspects of the focused interview:

1. The persons interviewed had been involved in a particular concrete situation.

2. The situation was somewhat analyzed by the investigator prior to the interview.

3. The interviews proceeded on the bases of an interview guide which outlined the major areas of the inquiry and the hypothesis which located pertinent data.

4. It was focused on the subjective experiences, and attitudes under study.

Each student was interviewed after the eleventh week of
the pediatric experience. Most of the interviews were done in the comfortable surroundings of the student's room. All students seemed very relaxed and eager to talk about their experiences. The time interval for each interview was from thirty to sixty minutes.

In order to ascertain any preconceived ideas about pediatric nursing, a pre-test consisting of five questions was given to each student the first day and during the sixth week of the experience. The same test was given each time for the following reasons:

1. To indicate new problems or resolution of old problems.
2. To indicate any significant changes in attitude.
3. To indicate relationships of attitudes at different time intervals.

Pertinent data was obtained only in relation to attitudes towards pediatrics at different time intervals, and this will be presented and analyzed with other material.
CHAPTER IV.
FINDINGS.

This investigation was initiated as a result of the author's feeling that student attitudes toward pediatric nursing would be more positive if the educational aspects of the clinical experience were more greatly emphasized. The interview questions were a result of hunches the investigator had in relation to anticipated problem and non-problem areas in each group. Before beginning the interviews four major areas of inquiry were outlined. The major areas of the inquiry concerned (1) course content, (2) the clinical environment, (3) student interactions with personnel in the institution, and (4) student interactions with patients.

In the analysis of the data attitudes were compared by (1) giving a summation of general trends and quoting comments made by some of the students, (2) author interpretation of student felt needs, (3) tabling positive and negative attitudes, and (4) using chi-square as a statistical tool for determining whether differences in attitudes in the two groups were due to chance or due to the difference in the educational pattern of the clinical experience.

The last portion of Chapter IV will be devoted to indicating differences in attitudes towards pediatric nursing
at different time intervals, and will also reveal problems peculiar only to Group B.

**COURSE CONTENT.**

The first three questions in the interview were concerned with how students felt about their theory and classroom instruction in pediatrics. In attempting to interpret student felt needs, the investigator found they could be listed under a few key words. For accuracy and reliability, another person checked the writer's interpretations against responses from the interviews.

**Question 1.** What were your feelings about classroom instruction?

**Responses**

All answers from Group A can be grouped under a felt need for more restrictions and limitations.

"I felt no compulsion to do any outside reading. We should have had assignments that had to be read."

"I felt the instructor was too easy on the group. We should have been told how far we could or could not go."

"Many students could not get to class on time, and we had to wait for them before we could begin."
The students in Group B seemed pleased with the classroom instruction. They expressed no need for limitations or restrictions.

By restrictions and limitations, the writer means the students in Group A wanted a prescribed point or boundary beyond which the instructor would forbid them to go.

TABLE I

A SUMMARY OF STUDENTS' ATTITUDES TOWARDS CLASSROOM INSTRUCTION IN GROUPS A AND B.

<table>
<thead>
<tr>
<th></th>
<th>Students wanting restrictions and limitations</th>
<th>Students not wanting restrictions and limitations</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>GROUP B</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>8</td>
<td>7</td>
<td>15</td>
</tr>
</tbody>
</table>

Chi-Square is 15.

Since the calculated value of chi-square is larger than 3.841 at the .05 level and 6.635 at the .01 level, the differences between the two groups is due to the change in the clinical experience, and not to chance.
Question 2. What were your feelings about the content of the classroom instruction?

Responses Students in both Groups agreed that there was no repetition content. This question was asked because the writer felt there might be a tendency to repeat material with Group B due to increased guidance and supervision from the instructor. The three students who felt there was repetition in content were in Group A. Their feelings can be summarized in a comment made by one of the students:

"When I learned about caring for infants, I was on the older children's ward and now that the situation is reversed, I have to ask questions in class about the care of infants."

By little repetition, the writer means there was very little doing or saying of the same thing.

**TABLE II**

A SUMMARY OF STUDENTS' ATTITUDES ABOUT REPETITION OF COURSE CONTENT IN CLASSROOM INSTRUCTION IN GROUPS A AND B.

<table>
<thead>
<tr>
<th>Students who felt content was repetitious</th>
<th>Students who did not feel content was repetitious</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>GROUP B</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>3</td>
<td>12</td>
</tr>
</tbody>
</table>
Chi-Square - not significant

The students' feelings about repetition in course content are too similar for chi-square to be significant. Any differences are due to chance.

**Question 3.** What were your feelings about the applicability of classroom material in the practical or ward situation?

**Responses**  
Most of the students in Group A felt the material learned in class was not applicable on the ward.

"I could not see examples on the wards of things I had been taught in class."

"When we talked about diseases in infancy in class, I was on an older children's ward."

"What I had studied, none of my patients had."

All students in Group B felt that there was a continuous relationship between ward work and material learned in class.

**TABLE III**

<table>
<thead>
<tr>
<th></th>
<th>Students who felt material was applicable on wards</th>
<th>Students who felt material was not applicable on wards</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GROUP A</strong></td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>GROUP B</strong></td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>9</td>
<td>6</td>
<td>15</td>
</tr>
</tbody>
</table>
Chi-Square 8.8

Since the calculated value of chi-square is larger than 3.841 at the .05 level and 6.635 at the .01 level, the difference between the two groups is due to the change in the clinical experience, and not to chance.

THE CLINICAL ENVIRONMENT.

The next group of questions were asked in order to reveal how the students felt about the environment in which they received their clinical experience. An attempt was made to discover reasons for negative or positive attitudes by asking each student why she felt as she did. No attempt was made by the author to interpret these attitudes.

Question 1. What were your feelings about this clinical experience as a whole?

Responses

Most of the students in Group A said they neither liked nor disliked the experience and all gave various reasons.

"I felt a tremendous pressure to get the work done. I could not sit down and read a chart."

"Everything is too routine."

"I think that when I leave here, I'll be able to work in any situation."

Six students in Group B liked the experience
and one was non-committal.

"I enjoyed the children and I think more skill will come with practice."

"I had time enough to take care of my own patients and I could also talk with patients cared for by other students."

**TABLE IV**

**A SUMMARY OF STUDENTS' ATTITUDES TOWARD THE COMPLETE PEDIATRIC EXPERIENCE IN GROUPS A AND B**

<table>
<thead>
<tr>
<th></th>
<th>Liked</th>
<th>Disliked</th>
<th>Non-Committal</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>GROUP B</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>8</td>
<td>1</td>
<td>6</td>
<td>15</td>
</tr>
</tbody>
</table>

Chi-Square not significant

In order to determine chi-square, the students who were non-committal were combined with those who disliked the clinical experience. Any differences in attitudes were due to chance.
Question 2. Did you have to work overtime? If so, why?

Responses

All students in Group A worked overtime one or more times. The general feeling was that this was completely unnecessary.

"I worked overtime because the nurses were not ready to check my charts. I've also had to wait for nurses to come on duty".

"It was not appreciated when you worked overtime. You never were thanked for doing so".

The students in Group B felt they never really worked overtime. When they remained on the floor, after completing the required number of hours, it was because they wanted to be with their patients.

**TABLE V**

<table>
<thead>
<tr>
<th>Overtime Required</th>
<th>Overtime not Required</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>GROUP B</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>
Chi-Square 15

Since the calculated value of chi-square is larger than 3.841 at the .05 level and 6.635 at the .01 level, the difference between the two groups is due to the change in the clinical experience, and not to chance.

Question 3.  What were your feelings about your orientation to the complete clinical environment?

Responses

Three students in Group A could not remember having had an orientation, but supposed there must have been one. Most of the remaining students, in Group A, felt it was not satisfactory.

"I felt it was not needed."

"I think it's better to learn as you go."

"It was a waste of time and too confusing."

With the exception of one student, all students in Group B found the orientation beneficial and necessary.
### TABLE VI

**ATTITUDES OF STUDENTS REGARDING THE ORIENTATION TO THE CLINICAL ENVIRONMENT IN GROUPS A AND B**

<table>
<thead>
<tr>
<th></th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GROUP A</strong></td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>GROUP B</strong></td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>8</td>
<td>7</td>
<td>15</td>
</tr>
</tbody>
</table>

Chi-Square 5.5

Since the calculated value of chi-square is larger than 3.841 at the .05 level, the differences between the two groups is not due to chance, but due to a change in the clinical experience.

**Question 4.** Were you able to attend meetings and participate in student activities during this experience?

**Responses**

The majority of the students in Group A felt encroachments had been made on their activities away from the clinical experience.

"I never dared ask to go to student meetings because I knew I would not be able to get off duty."

"I couldn't go to sorority meetings or conferences."
"I was consistently late for my evening class at the University because I could not get off duty on time."

All students in Group B were able to participate in student activities during the clinical experience, and there were no complaints about being late for classes at the University.

**TABLE VII**

**STUDENT OPINIONS CONCERNING THE AVAILABILITY OF TIME FOR ACTIVITIES OUTSIDE OF THE CLINICAL EXPERIENCE IN GROUPS A AND B**

<table>
<thead>
<tr>
<th></th>
<th>Insufficient</th>
<th>Sufficient</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>GROUP B</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>5</td>
<td>10</td>
<td>15</td>
</tr>
</tbody>
</table>

Chi-Square not significant

Since the calculated value of chi-square is not significant, any differences between the two groups are due to chance and not to the change in the clinical experience.
Question 5. Would you like to work in pediatric nursing after graduation?

Responses

Most students in both groups would not like to become pediatric nurses, but there were great differences in expressed reasons.

Group A

"I feel that all you do on pediatrics is change diapers and give bottles."

"I like children, but the hospital experience was not pleasant."

"I would not like to work regularly on any ward."

Group B

Most students felt they could not make a definite statement about preferences until they had completed their clinical experiences. A few students definitely preferred caring for adults.
TABLE VIII
STUDENT PREFERENCES REGARDING SPECIALIZATION IN PEDIATRIC NURSING IN GROUPS A AND B

<table>
<thead>
<tr>
<th></th>
<th>Students wanting to become pediatric nurses</th>
<th>Students not wanting to become pediatric nurses</th>
<th>Non-Committal</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>GROUP B</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>15</td>
</tr>
</tbody>
</table>

Chi-Square not significant

In order to determine chi-square, the students who were non-committal were combined with those who would not like to become pediatric nurses. Any differences in attitudes were due to chance and not to differences in the clinical experience.

STUDENT INTERACTIONS WITH PERSONNEL IN THE CLINICAL ENVIRONMENT.

The quality of interpersonal relationships greatly influences the student's feelings about a particular experience. The student has a tremendous need for recognition, respect, and status from the group with whom she works. The next questions are relative to student opinions about interactions
with personnel employed by the institution.

**Question 1.** How did you feel about asking questions of personnel not directly responsible for your clinical learning?

**Responses** Students in both groups felt very free to ask questions of persons in the areas in which they worked. There were unanimous feelings of security.

"I have always been made to feel that any question is worth asking."

"I think asking questions has been a part of our bringing up at Boston University."

**TABLE IX**

<table>
<thead>
<tr>
<th></th>
<th>Felt Free</th>
<th>Did not Feel Free</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>GROUP B</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>15</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

Chi-Square not significant

There were no obvious differences in the two groups.
Question 2. How did you feel about offering suggestions to other personnel about the nursing care of a patient?

Responses

The students in Group A seemed to feel they would be assuming too much authority if they offered suggestions. They felt they would receive less recognition and approval if they asserted themselves.

"What, offer suggestions to people above me,"

"I would never make suggestions because of our poor reputation, and the hospital reaction to all Boston University students."

All students in Group B said they had offered suggestions to other personnel at one time or another. They felt secure enough to offer suggestions.

TABLE X

STUDENT ATTITUDES ABOUT OFFERING SUGGESTIONS TO STAFF MEMBERS ABOUT THE NURSING CARE OF PATIENTS, IN GROUPS A AND B

<table>
<thead>
<tr>
<th>Felt Free</th>
<th>Did not Feel Free</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>GROUP B</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>TOTALS</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>
Chi-Square 12.4

Since the calculated value of chi-square is larger than 3.841 at the .05 level and 6.635 at the .01 level, the difference between the two groups is due to the change in the clinical experience and not to chance.

Question 3. Did you receive helpful suggestions regarding nursing care from personnel?

Responses

Most students in Group A felt they received orders from staff members rather than helpful suggestions.

"I received helpful suggestions only from classmates."

"I was always told what was wrong and that I should correct it."

"Most of the time orders were given rather than suggestions."

All students in Group B felt they had received helpful suggestions from personnel. Because their instructor was available at all times, they did not find it necessary to have a great deal of contact with staff members.
### TABLE XI

FREQUENCY WITH WHICH HELPFUL SUGGESTIONS WERE GIVEN STUDENTS BY STAFF MEMBERS, IN GROUPS A AND B

<table>
<thead>
<tr>
<th>Suggestions not given</th>
<th>Suggestions given</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>GROUP B</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

Chi-Square 8.8

Since the calculated value of chi-square is larger than 3.841 at the .05 level and 6.635 at the .01 level, the difference between the two groups is due to the change in the clinical experience, and not to chance.

STUDENT INTERACTIONS WITH PATIENTS.

The student is greatly motivated by patient acceptance and interest. Her success or failure in establishing a good relationship with patients may be dependent upon her ability to attain her maximum potential in the giving of nursing care. The fourth area of inquiry is concerned with the student's inter-relationships with patients and family members.
Question 1. How did you feel about the quality of nursing care you were able to give to patients?

Responses

All students in Group A felt they were not able to give adequate nursing care for various reasons.

"I was not able to give good care because there was not enough time. I could only do the necessary things like feedings, temperatures, pulse rates and respirations. I just carried out procedures and had no time to play or give affection to the children."

"I could not give good nursing care because I was unsure of myself, and when I needed help I had to hunt for people."

"I could never sit down and hold a child. I didn't have time to really get to know the children."

The students in Group B seemed very pleased to say they had been able to give more than adequate care.
TABLE XII

STUDENTS' EVALUATIONS REGARDING THE QUALITY OF NURSING CARE GIVEN TO THEIR PATIENTS, IN GROUPS A AND B

<table>
<thead>
<tr>
<th>Dissatisfactory</th>
<th>Satisfactory</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>GROUP B</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

Chi-Square 15

Since the calculated value of chi-square is larger than 3.841 at the .05 level and 6.635 at the .01 level, the difference between the two groups is due to the change in the clinical experience, and not to chance.

Question 2. Would you prefer caring for adults or children? Why?

Responses

The majority of students in Group A preferred caring for children rather than adults, even though their feelings about pediatrics were almost completely negative up to this point.

"I prefer caring for children because they recover more quickly."

"You don't have to worry about explaining such things as injections to a child."
"Sick children bother me because I don't know if they will ever get well."

Most of the students in Group B preferred to care for older children or adults.

"Adults and older children can talk to you."

"Taking care of infants is not a challenge because they cannot speak."

**TABLE XIII**

A SUMMARY OF STUDENT ATTITUDES REGARDING PREFERENCES FOR WORKING WITH CHILDREN OR ADULT PATIENTS, IN GROUPS A AND B

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
<th>Adults</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>GROUP B</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>8</td>
<td>7</td>
<td>15</td>
</tr>
</tbody>
</table>

Chi-Square 3

Since the calculated value of chi-square is smaller than 3.841 at the .05 level and 6.635 at the .01 level, the difference between the two groups is due to chance, and not due to the difference in the clinical experience.
Question 3. How did you feel when giving nursing care to children and infants?

Responses

Most of the students in Group A felt secure in their attempts to care for patients. Generally, they seemed to like the patient contact for various reasons; however many answers to the question were qualified.

"It's dependent upon the degree of illness."

"I feel just as adequate as a three year student."

Although all students in Group B felt secure with patients, a few students said they felt more secure with older patients.

"I love babies, but I don't like being around the severely ill or malformed ones."

"I felt more secure with older children because they can talk."

TABLE XIV

A SUMMARY OF STUDENT ATTITUDES REGARDING FEELINGS OF SECURITY IN GIVING NURSING CARE TO INFANTS AND CHILDREN, IN GROUPS A AND B

<table>
<thead>
<tr>
<th></th>
<th>Secure</th>
<th>Insecure</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>GROUP B</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>12</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>
Chi-Square not significant

Since the calculated value of chi-square is not significant, any differences between the two groups are due to chance and not to the change in the clinical experience.

Question 4. What were your feelings about your relationship with parents and other relatives of patients whom you cared for?

Responses

Most of the students in Group A enjoyed their contact with parents; however a few felt insecure when parents asked direct questions about the patient's condition.

"I liked being with parents but often I had to give evasive answers because I didn't know how much I could tell them."

"I felt parents could tell you quite a lot about their children, and their own feelings regarding their child's illness."

All students in Group B felt secure in their contacts with parents, but many expressed a desire to have more opportunities to talk with parents.
TABLE XV

A SUMMARY OF STUDENT ATTITUDES REGARDING FEELINGS OF SECURITY IN RELATIONSHIPS WITH PARENTS AND RELATIVES OF SICK CHILDREN IN GROUPS A AND B

<table>
<thead>
<tr>
<th></th>
<th>Secure</th>
<th>Insecure</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>GROUP B</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>TOTALS</td>
<td>12</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>

Chi-Square not significant

Since the calculated value of chi-square is not significant, any differences between the two groups are due to chance and not to the change in the clinical experience.

During the pediatric experience the students in both groups lived in a University approved residence for women. This residence cannot be categorized as a dormitory or a nursing home. The investigator felt that student attitudes about the clinical experience might be affected by the residence in which they lived during the experience. In order to see if one was relevant to the other, the students were asked to express their attitudes about the residence.
All students in Group A disliked the residence; Group B students liked the residence.

"I'm waiting to leave. I'm accustomed to being around kids my own age."

"It's not homelike. People are too impersonal."

"Too much noise. It's also depressing and I can't sleep."

All students in Group B liked the residence.

"The food is good and the people are nice."

"Financially speaking it is very good."

"I've recommended the place to a cousin."

**TABLE XVI**

A SUMMARY OF STUDENT ATTITUDES TOWARD THE RESIDENCE IN WHICH THEY LIVED DURING THE PEDIATRIC EXPERIENCE, IN GROUPS A AND B

<table>
<thead>
<tr>
<th></th>
<th>Liked</th>
<th>Disliked</th>
<th>Total No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>GROUP B</td>
<td>6*</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>TOTALS</td>
<td>6</td>
<td>7</td>
<td>13</td>
</tr>
</tbody>
</table>

*One student in each group lived at home.*
FIGURE I

A CONTRAST OF STUDENT ATTITUDES TOWARD PEDIATRIC NURSING IN THE FIRST DAY AND IN THE SIXTH WEEK OF THE EXPERIENCE, IN GROUPS A AND B

<table>
<thead>
<tr>
<th>Number of Students</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enthusiastic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indifferent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Expressed Attitudes

Key

First Pre-Test
Group A
Group B

Second Pre-Test
Group A
Group B
PROBLEMS PECULIAR ONLY TO GROUP B.

The problems which were peculiar to only the second group of students were in the area of interpersonal relationships with persons in the clinical environment, and in relation to finances.

Many students in Group B seemed to feel as if they were not a part of the complete Hospital team. They also developed some guilt feelings because they were not assigned as many patients as the non-collegiate students in the areas.

"I felt a little guilty because I didn't have as many patients assigned to my care as the three year students."

"Sometimes I felt as if I were an extra or outside person on the ward."

"Personnel felt funny sometimes about offering suggestions, because they didn't know if we were being taught differently from the other students."

The students also complained because they did not have more contact with parents and relatives. They also thought 12 noon was a poor time to report off duty and leave the wards.

"I was not able to get to know parents very well because we did not work long hours."

"The parents of my patients seemed to come on days when we did not work."
"We had to report off duty at 12 noon when there were so many things to be done for our patients."

Most of the students worked in another hospital in order to earn enough money to pay their room and board. They usually worked from one to three days per week. On the days when they were not working for experience, or room and board, they had classes at the University. In the interviews I asked each student how she felt physically during the pediatric experience. Most of the students in Group B said they felt better, or no differently than during any other experience; however, most students in Group A complained of being more tired during the pediatric experience.
CHAPTER V.
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS.

The purpose of this study was to make a comparative analysis of the attitudes of two groups of student nurses toward their pediatric experience. The writer's hypotheses was that student attitudes would be more positive if the educational aspects and their clinical experience were more greatly emphasized.

The two groups of students studied were as homogenous in clinical background as any two groups of student nurses matriculated at Boston University, School of Nursing. The control group (Group A) was taught pediatric nursing under the old educational pattern, and the experimental group (Group B) benefited from the new pattern. The investigator believed the new plan followed many of the principles of general education, and also recommendations which had been made by nurse educators over a period of approximately fifty-five years. The new pattern also accentuated the educational philosophy of the University and the School of Nursing. Individual student needs were met by close and careful guidance from a qualified instructor, and there were few demands and pressures from nursing service.

An interview was had with each student in order to de-
termine attitudes about their pediatric activities. Comparisons between the two groups were then made, and indicated in table form. In the presentation and analysis of the material, there were definite trends towards positive attitudes from Group B, and negative attitudes from Group A. Chi-Square was significant in seven out of the fourteen instances in which it was used.

Course content was more beneficial and interesting to Group B, and interpersonal relationships between staff members and students were less traumatic. Patient contact was more valuable for students in Group B because they had time to attain their potential in the giving of nursing care. In summarizing the attitudes of students in Group B, it can be said that they received from the clinical experience respect, recognition and status, security and group acceptance, experience and expression, achievement and success.

As a result of the findings of the study, the writer feels that the educational pattern used for Group B should be adopted along with the following recommendations from the author.
RECOMMENDATIONS FOR BETTER INTERPERSONAL RELATIONSHIPS.

1. Orientations should be given by the head nurse on each division.

2. Head nurses, doctors and other staff members should be utilized in ward classes.

3. Students should be made to feel they are a necessary part of the hospital team by,
   a. Participating in activities sponsored by the hospital for all student nurses.
   b. Being encouraged to seek help and advice from staff members.

4. An explanation of the philosophy of teaching at Boston University should be given to staff members.

5. The educational pattern for students in pediatric nursing should be made clear.

RECOMMENDATIONS FOR FINANCIAL PROBLEMS.

Students should be warned, prior to entering the school of nursing, that they will be expected to assume financial responsibility for room, board and laundry during the pediatric experience.
RECOMMENDATIONS FOR FURTHER STUDY.

1. Similar studies should be carried out in the same hospital and in other institutions where Boston University student nurses receive their clinical experiences.

2. Each student should be asked to evaluate the clinical experience upon its completion.
BIBLIOGRAPHY.


Boston University, School of Nursing Bulletin, University Press, 1956 - 1957, p. 28.


Chayer, Mary Ella, Nursing in Modern Society, New York, G.P.Futum's Sons, 1947, p. 76.


BIBLIOGRAPHY
(con.)


