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Attitudes toward the handicapped

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ATTITUDES TOWARD THE HANDICAPPED

BY

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(Bachelor of Science, Boston University, 1960)

A field study submitted in partial fulfillment of the requirements
for the Degree of Master of Science
in the School of Nursing
Boston University
June, 1962

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This study was supported (in part) by a training grant from the Office of Vocational Rehabilitation of the Department of Health, Education and Welfare.

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CHAPTER I

INTRODUCTION

The emphasis during the educational experience of the nursing student centers on the individual as a patient, as contrasted with a patient with a disease process or a patient with a given diagnosis. Certainly the individual should come first in all considerations and yet it is understandable that the nursing students, as part of the general population, may bring to nursing some general stereotypes concerning groups of individuals as, for example, the blind, the deaf, or the physically disabled.

This study developed because of the writer's experience in working with individuals with multiple handicaps and a concern for the apparent negative attitudes held by all levels of workers new to this group of patients. There was a common tendency to stereotype all patients and their families with a given diagnosis until such time as the worker became familiar enough with the individuals to realize the fallacy of such unjustified groupings. The writer has attempted, therefore, to study attitudes of the nursing student toward a single group of disabled, the spinal cord injured, to see if her attitude becomes more positive as she learns about the spinal cord injured from actual care of a real person with this injury.

STATEMENT OF PROBLEM

To determine if the attitude of the nursing student toward the spinal cord injured patient changes as a result of her clinical experience with these patients.

IMPORTANCE OF THE PROBLEM

The problem was selected on the basis of an interest in the overall adjustment of the handicapped person with the realization that those giving care to the handicapped person play a major role in his adjustment. Since the field of the handicapped is too wide an area for study, a single group of the spinal cord injured with whom the nursing students have prolonged and guided experience was selected.

There are references in the literature regarding the importance of a positive attitude toward the handicapped and many general statements concerning the need for acceptance. No study was found that was concerned specifically with attitudes of nursing students toward the handicapped.

One may well question how nurses can help the handicapped individual to accept himself if nurses themselves are unable to accept his handicap or him as a handicapped individual. Teachers or potential teachers of nursing students should realize that, to help the student gain increased understanding of the handicapped, they need to be aware of the student's feelings toward the handicapped individual. Since the numbers of disabled persons in the general population are increasing, it seems only reasonable to expect nurses to have continuing and probably increasing responsibilities for handicapped individuals. It would be useful to become more aware of nursing students' attitudes toward one group of handi-

capped (the spinal cord injured) and to determine if their attitudes become more positive as a result of clinical experience and formal classes. This information could provide guidelines for planning clinical experience in rehabilitation nursing to make it most meaningful for the nursing students and of therapeutic value for the patient.

SCOPE AND LIMITATIONS

Subjects for the study were thirteen senior nursing students in a collegiate school of nursing. Data were obtained at the time of the student's clinical experience on the rehabilitation floor of a Boston hospital where patients were being treated, following spinal cord injuries. Because of the small size of the sample and the specific clinical experience of these students, it was not possible to generalize the results of the study. It was hoped, however, that the tool developed would provide sufficient valid information to warrant trial with other nursing groups.

PREVIEW OF METHODOLOGY

The writer developed an attitude scale which the nursing students completed at the outset of their clinical experience on the rehabilitation floor. The same scale was completed again by the same students at the end of their experience. Comparisons between the responses were carefully evaluated for significant differences in attitudes expressed. Students were not identified and no attempt was made to evaluate the performance of the student. It was hoped that the scale would give as true an indication of the student's attitude as was possible within the limits of the scale.

CHAPTER II

THEORETICAL FRAME OF REFERENCE OF THE STUDY

A search of the literature of the professional nursing and social science journals and nursing textbooks reveals a considerable amount of information concerning the attitude of the patient toward his own illness or handicap. There is very little written concerning the attitude of health workers (physician, psychologist, nurse, or social worker) toward the patient with a handicap or the relationship between the worker's attitude and the patient's adjustment to his handicap other than that a positive attitude is important. No study was found concerning the nursing student's attitude toward the handicapped person or the handicapped person as a patient.

Historically, the handicapped person has not been accepted as an equal member of society. Today, as a people and a nation, we publicly believe in the worth, dignity, and rights of the individual. This implies an acceptance of the handicapped as a normal part of our population with the same needs, problems, and rights as others. We have a moral obligation to see that the handicapped are not ostracized and treated as second class citizens with less value than the nonhandicapped. If we really belive in these values and accept the person with a handicap as equal, it would not be necessary to remind the professional health worker that "the handicapped also are people."[1]

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[1]Charlotte Towle, Common Human Needs (New York: American Association of Social Workers, 1955), p. 72.

Research studies indicate that the general public, although expressing a mildly positive attitude toward the handicapped, do not accept them as equals but as a minority group. Barker reports:

> There is strong evidence that in spite of favorable public attitudes, the basic, often unconscious attitudes of most physically normal persons are hostile or subordinating toward physically disabled persons. This shows in a variety of ways; for example, the jokes referring to disabled persons are more often of a malicious or ridiculing nature than jokes about non-disabled persons. This is social ostracism of the sort experienced by racial and religious underprivileged minorities.
>
> . . . . . .
>
> Physically disabled persons cannot participate in many activities which physically normal persons value highly. Thus, the employment opportunities open to disabled persons are sharply limited, and where opportunities do exist, the higher levels are severely restricted. Likewise, the social and recreational activities in which disabled persons are able to engage are limited. In these respects the physically disabled person is in a position not unlike that of the Negro or the Jew and other underprivileged minorities; he is a member of an underprivileged minority.[2]

Reverend Carroll, in discussing the blind, writes that "we do to them what we do to all minority groups--we separate them from society."[3] In writing of the handicapped, Myerson refers to the disabled minority. He brings out very clearly that adjustment to a handicap is a problem, not only for the person with the handicap, but for others as well. He expresses the following concepts:

> The problem of adjustment to physical disability is, in large part, a problem in creating favorable social-psychological situations.
>
> The problem of adjustment to physical disability is as much or more a problem for the non-handicapped majority as it is of the disabled minority.[4]

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[2]Roger Barker, "The Social Psychology of Physical Disability," Journal of Social Issues, IV (Fall, 1948), 31.

[3]Thomas Carroll, Blindness (Boston: Little, Brown and Co., 1961), p. 69.

[4]Lee Myerson, "Physical Disability as a Psychological Problem," Journal of Social Issues, IV (Fall, 1948), 6.

A research study carried out by Cowen, Underberg, and Verrillo dealt with this minority concept and clearly brought out that negative attitudes toward blindness correlated significantly with anti-minority, anti-Negro, and pro-authoritarian social attitudes. The researchers state:

> An implicit assumption of the present research is that our findings, utilizing the blind as an illustrative disability group would be replicable for other disability groups. In short, we are proposing that there exists a common factor in attitudes toward all disability groups, which in turn has some common determinants together with attitude to racial and religious minorities.[5]

It can be assumed that students entering the health fields have attitudes representative of the general public toward the physically handicapped. As these persons become professional health workers, they may have to develop more positive attitudes toward the handicapped if their contribution is to be of therapeutic value to the patient. The student who comes into nursing may also have the same general attitudes toward the physically handicapped as the general public. She may or may not have had a personal experience with a physically handicapped individual which would help her to see a person first rather than the handicap. In nursing, she will be faced with many different kinds of nursing problems and her own feelings toward patients and patient care. She will meet both young and old with minor or major handicaps and will find each person working through his feelings to reach his own adjustment. She will find it necessary to recognize her own feelings toward the handicapped in order to assist the patient in his readjustments. A nurse, unaware of her

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[5]Emory Cowen, Rita Underberg, and Ronald Verrillo, "The Development and Testing of an Attitude to Blindness Scale," Journal of Social Psychology, XLVIII (November, 1958), 303.

own feelings toward the handicapped, cannot effectively guide the patient toward acceptance of himself as a handicapped individual.

There is little question that nurses do have and will have continuing responsibilities for the care of the physically handicapped individual. It is estimated that, at the present time, there are over fourteen million persons in the continental United States who have some degree of physical disability.[6] With the increasing numbers of older people, it is reasonable to expect this number, already large, to increase. The nursing student of today who will be faced with the care of these persons needs to understand the handicapped as people; people with the same needs, rights, and problems as others, rather than as a minority group to be ostracized.

There is agreement among writers that the attitude of the nurse is important for successful recovery or rehabilitation of the patient.[7, 8, 9, 10, 11, 12] There is also agreement among writers that in order to

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[6]The National Health Education Committee, Inc., Facts on the Major Killing and Crippling Diseases in the United States Today (New York: The National Health Education Committee, Inc., 1961), p. 5.

[7]Frances Macgregor, Social Science in Nursing (New York: Russell Sage Foundation, 1960), p. 140.

[8]Hildegard Peplau, Interpersonal Relations in Nursing (New York: G. P. Putnam's Sons, 1952), p. 185.

[9]Alice Morrissey, Rehabilitation Nursing (New York: G. P. Putnam's Sons, 1951), p. 279.

[10]John Martin and Iris Craig, "The Early Care of Patients with Injury of Spinal Cord," American Journal of Nursing, LV (August, 1955), 939.

[11]Catherine Blacklock, "Nurse-Patient Relationships," The Canadian Nurse, LVI (February, 1960), 149.

[12]L. Kraeer Ferguson and Lillian Sholtis, Eliason's Surgical Nursing (Philadelphia: J. B. Lippincott Co., 1959), p. 624.

develop a positive attitude toward the handicapped, the nurse must understand her own feelings toward the handicapped.[13, 14, 15, 16] She needs to recognize that fear of a disability is natural and that only as we can accept a disability ourselves, can we help others to accept their disability.[17]

Garrett stresses the importance of the attitude of the rehabilitation worker toward the patient and adds that "negative feelings must give way to sympathetic understanding and a conviction that a disability is not a calamity but rather a deviation to which one can adjust."[18] Wright, in discussing the handicapped individual, points out the need for seeing a person with a disability rather than a disabled person.[19] Towle also writes that we will help the handicapped only as we understand his needs as a person.[20]

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[13]Macgregor, 159.

[14]Virginia Fox and Ruth Spain, "The Long-Term Patient: A New Challenge to Nursing," Nursing Outlook, IV (October, 1956), 561.

[15]Edith Wensley and Leanore Nathanson, "Nurses Talk It Out," Nursing Outlook, IV (December, 1956), 682.

[16]Helen Wago, "An Analysis of the Expressed Attitudes of Registered Professional Nurses Toward Tuberculosis Nursing and the Implications of These Attitudes," Nursing Research, III (February, 1955), 117.

[17]William Gellman, "Attitudes Toward Rehabilitation of Disabled," American Journal of Occupational Therapy, XIV (July-August, 1960), 190.

[18]James Garrett (ed.), Psychological Aspects of Physical Disability (Washington, D. C.: U. S. Government Printing Office, 1953), p. 24.

[19]Beatrice Wright, Physical Disability--A Psychological Approach (New York: Harper & Brothers, 1960), p. 265.

[20]Towle, 80.

The crucial point is that attitudes can be changed. Social attitudes change slowly but do change to meet the demands and needs of society. Attitudes of the individual change also. An attitude change requires an intellectual understanding and an emotional commitment which allow a change in values. Negative values can and do become positive. Wright expresses this concept in terms which can be directly related to the experience of the nursing student when she says:

> The main antidote to emotionally negative attitudes on the part of the rehabilitation worker towards persons with disabilities lies in self-understanding, in making a real effort to come to grips with what one basically feels and why. . . .
> . . . . . .
> The proposed self-analysis takes place under favorable conditions when the specialist is actually working with persons who have physical disabilities, for then emotionally he begins to see people and not simply diseased and deformed structures.[21]

The nursing student who has the opportunity to work directly with the spinal cord injured individual seems in a unique position for evaluating her own feelings toward the handicapped and for gaining understanding of the individual with a severe physical handicap. There is no reason why she must bring all positive attitudes with her to this experience, but it is hoped that with the new learnings, the emotional support of her instructor, and the challenge of direct patient care, her attitude will become more positive.

This study tests the hypothesis that the nursing student will express greater understanding and acceptance of the spinal cord injured individual after clinical instruction and nursing experience in the rehabilitation area than before this experience.

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[21]Wright, 294.

CHAPTER III

METHODOLOGY

Subjects for the study were thirteen members of the senior class of one collegiate school of nursing. Although the subjects may have come from varied backgrounds, their nursing education had been the same. They were a homogeneous group in terms of age, general ability, educational background, and nursing experience. All nursing students who were in the rehabilitation unit during the period of the study (January 29, 1962 to April 26, 1962) were included in the study.

The initial data collection began on January 29 at the hospital where eight nursing students were starting their clinical experience in rehabilitation nursing. The writer was introduced to the students by their instructor, as a master's degree candidate preparing her field study. The instruction to the students was as follows:

> As senior nursing students you have a unique opportunity in nursing as you spend a month of clinical experience with the spinal cord injured patients.
>
> Because your experience is unique, I am asking you to share some of your feelings with me for my field study. I am going to give you a questionnaire which contains thirty-eight statements for which there is no right or wrong answer. Please encircle the letter which best describes how you feel. Please respond to each statement.
>
> This is not a tool to evaluate you in any way and students will not be identified in the study. Please remove your names from the front of the questionnaire.
>
> If you have any questions, I will be glad to answer them for you.

Each questionnaire was coded, so that although the student removed her name from the form, identification was maintained. This was necessary for

purposes of comparison between the first and second response to the same scale. The five remaining students, who were to be at the hospital rehabilitation unit later, were seen initially at the university, as a group, on February 5. Again, introduction was made by the instructor and the study explained briefly. One student questioned why all members of her class were not being seen rather than a small group. She accepted the explanation of the relatively short time span for the study and the relationship of the study to the specific clinical experience of the nursing students. All students completed the questionnaire without further questions.

Each student was seen twice during the study. Each completed the scale before she began her clinical experience on the rehabilitation unit and a second time, when she had completed this portion of her clinical experience. Four nursing students completed their clinical experience and were seen on February 21. Four more were seen on March 22, and the remaining five when they completed their clinical experience on April 26. At the time of the second data collection, the students were interested in what the data were showing and were sure that they had answered the questionnaire differently from the first time. They wanted to know if they might read the results and asked several questions as to how the scale had been developed.

A time limit was not set for completion of the scale. The mean time required for the total group on the first response was six and one half minutes. The group mean on the second return was the same.

Data were obtained through use of a Likert-type summated rating scale consisting of thirty-eight statements. The attitude scale was de-

veloped in four areas in relation to the spinal cord injured: the spinal cord injured individual as a person, as a worker, as a family member, and as a community member. The scale was modeled after a scale developed by Cowen, Underberg, and Verrillo to test attitudes toward blindness.[1] This particular scale was used as a model when a search of the literature and examination of available questionnaires from studies completed by Tuckman and Lorge,[2] Mussen,[3] and Kogan[4] and field studies by Chetnik,[5] Murphy,[6] NaKamura,[7] and Purcell[8] indicated it to be the scale most directly applicable. The study by Cowen, Underberg, and Verrillo showed that a negative attitude to blindness correlated significantly with anti-Negro, anti-minority, and pro-authoritarian social attitudes. Further, the research

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[1]Cowen, Underberg, and Verrillo, 303.

[2]Jacob Tuckman and Irving Lorge, "The Influence of a Course on the Psychology of the Adult on Attitudes Toward Old People and Old Workers," Journal of Educational Psychology, XLIII (November, 1952), 400-407.

[3]Paul Mussen and Roger Barker, "Attitudes Toward Cripples," Journal of Abnormal and Social Psychology, XXXIX (July, 1944), 351-355.

[4]Nathan Kogan, "Attitudes Toward Old People: The Development of a Scale and Examination of Correlates," Journal of Abnormal and Social Psychology, LXII (January, 1961), 44-54.

[5]Teresa Chetnik, "A Study of the Attitudes of Twenty-four Senior Students in Nursing Toward Chronically Ill Aged Patients" (Unpublished Master's Field Study, School of Nursing, Boston University, 1961).

[6]Mary Elizabeth Murphy, "A Study of the Attitudes of Thirty Professional Nurses Toward Cancer, Cancer Nursing, and Cancer Education" (Unpublished Master's Field Study, School of Nursing, Boston University, 1959).

[7]Naoka NaKamura, "The Attitudes of Eleven Public Health Staff Nurses Toward the Patient with Long-Term Illness and His Care" (Unpublished Master's Field Study, School of Nursing, Boston University, 1961).

[8]M. Geneva Purcell, "A Study of the Attitudes of Ten Nursing Students Toward the Unwed Mother" (Unpublished Master's Field Study, School of Nursing, Boston University, 1961).

group stated:

> An implicit assumption of the present research is that our findings, utilizing the blind as an illustrative disability group would be replicable for other disability groups. In short, we are proposing that there exists a common factor in attitudes toward all disability groups, which in turn has some common determinants together with attitudes to racial and religious minorities.[9]

The original scale consisted of thirty statements, twenty negative and ten positive. The scale developed by the writer had thirty-eight statements, twenty-nine negative and nine positive. (See Appendix A.) Twenty-one of the statements were developed directly from the model, substituting appropriate wording but expressing the same concepts. The other seventeen statements were developed in an attempt to include stereotypes encountered in attitudes toward the spinal cord injured.

Each response option to the scale was given a numerical value from one to four; the higher the number, the more negative the response. Positive statements were scored for positive attitude by agreement. A value of one was given for the option "strongly agree" and a value of two given for the option "agree." A value of three was given for the option "disagree" and four given for the option "strongly disagree." Negative statements were scored for positive attitude by disagreement and the option numerical values, therefore, reversed. (Appendix B, positive and negative statements and the numerical values for the options.)

The scale was evaluated for content and wording by five qualified professional persons in the rehabilitation field who were closely associated with the spinal cord injured patient. The scale was administered to three graduate nursing students to determine if any statements were unclear before they were put into final form for this study.

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[9]Cowen, Underberg, and Verrillo, 303.

CHAPTER IV

FINDINGS

Data were obtained from responses to a questionnaire which was a Likert-type summated rating scale. The questionnaire was administered to thirteen nursing students before and after their clinical experience with spinal cord injured patients. The numerical score obtained by the student on the initial questionnaire, before clinical experience, was compared with the score she received on the second administration of the same questionnaire following her clinical experience. Comparison of the scores indicated a shift from negative to positive attitudes toward the spinal cord injured; the shift was statistically significant at the five per cent level by the t Test.

Individual student's total scores and the total score differences obtained by the nursing students on the questionnaire before and after clinical experience with the spinal cord injured patient are shown in the following table.

TABLE 1

STUDENT SCORES BEFORE AND AFTER CLINICAL EXPERIENCE WITH SPINAL CORD INJURED PATIENTS

Student	Score Before Clinical Experience	Score Following Clinical Experience	Score Difference
A	86	77	-9
B	82	75	-7
C	74	73	-1
D	69	68	-1
E	94	84	-10
F	72	61	-11
G	67	59	-8
H	82	81	-1
K	83	85	2
L	70	77	7
M	72	75	3
N	80	75	-5
O	77	70	-7

Student's scores were obtained from the summation of the numerical value given each response option selected by the student on the questionnaire. Two options expressed a negative attitude and had a numerical value of either three or four. Two options expressed a positive attitude and had a numerical value of one or two. Thus a lower score represented a more positive attitude. The lower total scores obtained by the students on the second administration of the questionnaire indicated a shift to a more positive attitude.

The mean score for the initial questionnaire, before clinical experience, was 77.5. The mean score upon second administration of the same questionnaire, following clinical experience, was 73.8. The lower score indicated a more positive response. Three students (K, L, and M) expressed a less positive attitude as indicated by an increase in numerical score of two to seven points. The mean score difference for these three students was four points. Ten students, however, moved in the direction of a more positive attitude with a lower score of one to eleven points. As shown in Table 1, student F with a score change of minus eleven points expressed the greatest movement toward a more positive attitude. The mean score difference for the ten students with a lower score was minus six points.

Numerical scores obtained by all students on the questionnaire before their clinical experience were somewhat lower, expressing a more positive attitude, than had been anticipated. This may possibly be explained by the fact that all subjects were senior students of a collegiate school of nursing and had been exposed to a philosophy of rehabilitation throughout their total educational program. No student, however, had a previous experience in the rehabilitation unit until the time of the study.

Analysis of these data from the questionnaires showed a variation in response to the thirty-eight items. Individual student responses differed toward each of the statements. There were only five statements (numbers 1, 2, 6, 15, 20) of the thirty-eight for which all thirteen students gave a response that indicated a positive attitude on both the initial and second questionnaire. Even within these same five statements, there were shifts on the second questionnaire in seventeen instances from

positive to more positive expression of attitude as the students selected their choice of the two options both of which indicated a positive attitude.

The five statements (numbers 1, 2, 6, 15, 20) for which all students responded with a positive attitude are as follows: "the spinal cord injured have as many interests as other people"; "a nurse should expect the spinal cord injured patient to take some responsibility for his own care"; "the spinal cord injured individual will not mind being left out of activities because he has become accustomed to being left out"; "the spinal cord injured individual is not able to take an interest in community affairs because of his physical condition"; "in general, the spinal cord injured adult is less intelligent than the non-injured adult." These responses may be interpreted as a reflection of a broad liberal arts background and a philosophy of nursing which believes in the worth and dignity of man. The fact that seventeen responses were more positive after clinical experience than before the experience indicated support and reenforcement of the positive attitudes which the students brought with them to the rehabilitation nursing experience.

There were six statements (numbers 8, 10, 13, 21, 23, 24) for which all students expressed a positive attitude on the second questionnaire although they may not have done so on the initial questionnaire. Within these six statements, there were nine expressions of a negative attitude out of a possible seventy-eight response options on the initial questionnaire. These response options all became positive on the second questionnaire after the clinical experience in the rehabilitation area.

Discussion of these six statements follows. There were two shifts

from negative to positive attitude for statement eight: "It is difficult to understand the spinal cord injured individual because he is unwilling to discuss his feelings." These shifts may be interpreted as a result of the student having had an opportunity for direct patient contact and an opportunity to discuss the patient's feelings with him.

There was one expression of negative attitude on the initial questionnaire toward statement ten: "Spinal cord injured patients should be transferred to a chronic disease hospital for care since they will upset the family if they live at home." The shift of response to positive for this statement may also be interpreted as a result of the clinical experience which gave the student an opportunity to discover that the patient with a spinal cord injury is a person first rather than a disabled person needing special care.

There was one expression of negative attitude on the initial questionnaire which became positive on the second in response to statement thirteen: "An individual can live in a competitive society and still compete following a spinal cord injury." There are factors which may have influenced the student's response which the writer cannot interpret, but it would appear that the clinical experience contributed a positive influence toward change of attitude.

There was a shift in attitude from negative to positive by three students in response to statement twenty-one: "A spinal cord injured individual is afraid to express his feelings." This shift in attitude may reflect the students' feelings after they have had an opportunity for direct patient contact during their clinical experience on the rehabilitation unit. Their experience gave them an opportunity to know and better

understand the patient with a severe physical handicap as an individual with the same feelings and needs of any other individual patient.

One student expressed a negative attitude on the initial questionnaire but moved to a positive attitude on the second administration in response to statement twenty-three: "A spinal cord injured individual can never really be happy." There was also one student who expressed a negative attitude on the initial questionnaire but changed to positive on the second in response to statement twenty-four: "The diagnosis of spinal cord injury indicates that the person will be physically helpless." These responses may be interpreted as a change in feeling following experience with an actual person with a spinal cord injury during clinical experience.

These changes in expressed attitude offer support for the statement that the experience of the nursing student in the rehabilitation unit with new learnings, emotional support of the instructor, and the challenge of direct patient care would help her develop a more positive attitude. The writer is unable to isolate all the factors which might have influenced the student, but it may be interpreted that the clinical experience was an important factor in effecting a more positive attitude toward the spinal cord injured individual.

TABLE 2

SHIFTS IN STUDENT ATTITUDE TOWARD NINE ITEMS
BETWEEN FIRST AND SECOND ADMINISTRATION OF QUESTIONNAIRE

Statement Number	Student Response Initial Questionnaire		Shift in Student Response Second Questionnaire	
	Positive	Negative	Positive to Negative	Negative to Positive
4	11	2	1	2
11	13	0	1	0
14	13	0	1	0
17	12	1	1	1
18	12	1	0	0
19	13	0	1	0
22	10	3	1	2
25	12	1	0	0
37	13	0	1	0

Table 2 indicates that toward nine items one of the students failed to express a positive attitude toward each of the nine items on the second questionnaire. Shifts in attitude are shown either from positive to negative or from negative to positive. It is not possible to determine, in this study, why one student moved from a positive to a negative attitude, but this change clearly reflects feelings on the part of the nursing student. It may be fair to assume close identification with the problems shown by one patient and an inability on the part of the student to recognize the patient's reaction as an individual reaction rather than one common to all spinal cord injured patients.

These nine statements were as follows:

4. The spinal cord injured individual tends to be less mature ("grown up") than the average individual.

11. There are things worse than having a spinal cord injury.

14. It is possible to enjoy activities in which you are unable to participate physically.

17. The spinal cord injured individual does not have as much initiative as the non injured person.

18. The spinal cord injured individual should be employed because he is handicapped regardless of his ability.

19. If the spinal cord injured individual is unable to earn his own living following a rehabilitative program, money has been wasted.

22. Most spinal cord injured individuals will not be motivated to do all they can for themselves.

25. Most spinal cord injured patients think and act alike.

37. The nurse should not expect the spinal cord injured individual to contribute to his own plan of care.

TABLE 3

SHIFTS OR LACK OF SHIFT IN STUDENT ATTITUDE TOWARD CERTAIN ITEMS BETWEEN FIRST AND SECOND ADMINISTRATION OF QUESTIONNAIRE

Statement Number	Student Initial Response		Student Second Response Indicating Shift or Lack of Shift			
	Positive	Negative	Negative to Positive	Positive to Negative	Still Negative	Now Positive
3	2	11	6	2	5	6
5	8	5	0	5	5	3
7	5	8	2	2	6	5
9	5	8	1	4	7	2
12	7	6	3	0	3	10
16	10	3	1	1	2	10
26	7	6	3	2	3	8
27	3	10	3	2	7	4
28	13	0	0	2	0	11
29	12	1	1	3	0	10
30	2	11	1	2	10	1
31	5	8	0	5	8	0
32	11	2	0	1	2	10
33	9	4	2	1	2	10
34	10	3	2	1	1	11
35	0	13	3	0	10	3
36	5	8	1	1	7	5
38	4	9	4	0	5	8

Table 3 shows shifts or lack of shifts in attitude expressed by the students toward eighteen items on the questionnaire between the first and second administration of the questionnaire. Responses to these eighteen statements will be discussed in relation to the shifts which were in both a positive and negative direction. Attitudes which were maintained as shown by responses on both questionnaires will also be discussed.

Eleven students expressed a negative attitude, on the initial questionnaire, toward statement three: "A spinal cord injury does not change the individual any more than any other physical handicap." On the second questionnaire, six students shifted from a negative to a positive attitude. Two students moved from a positive to a negative attitude and five maintained their negative attitude. It is possible that this statement was interpreted by some students as a physical change rather than a broader interpretation of personality change, as the writer had intended. It is possible also that the students' brief previous experience with the chronically ill may have limited their frame of reference and ability to respond to this statement in a positive manner as had been anticipated.

Initial responses to statement five, "the spinal cord injured individual who makes the best recovery follows a program which is planned for him by experts," showed five students with a negative attitude and eight with a positive attitude. On the second administration of the questionnaire, five students shifted to a negative attitude, five maintained their negative attitude, and three maintained their positive attitude. This statement suggests that the patient does not participate in planning for his care, but it is possible that the students misinterpreted the statement. It is also probable that the student responses reflect the

general feelings expressed by the rehabilitation unit staff. The writer noted, while attending staff conference, that emphasis seemed to be placed upon the need for experts to plan the care of the spinal cord injured patient rather than upon including the patient in his program plan. The majority of the patients on the unit did come long distances from local hospitals for specialized care, which may also have influence the students' concept of the care for these patients.

There were varied responses to statement seven: "The spinal cord injured adult is more easily upset than the average adult." Initially five students expressed a positive attitude and eight expressed a negative attitude. On the second questionnaire, two students shifted from a negative attitude to a positive attitude, two from positive to negative, and six remained negative in their response. This variation may be interpreted as the student's identification with the one patient with whom she was most closely associated. In general, the patients for whom the students gave care were in the relatively early phases of recovery and may have had many problems of adjustment to their physical limitations. It is understandable that the student might consider early adjustment reactions of a severely handicapped individual as persisting, rather than changing as the patient adjusts to his problem. The student might have responded to this statement on the basis of her own particular experience rather than having been able to recognize the differing emotional responses of other persons with similar limitations from a spinal cord injury.

Statement nine evoked eight negative and five positive responses on the initial questionnaire, i.e., "The spinal cord injured individual is constantly worried about what might happen to him." Four students shifted from a positive to a negative attitude and one from negative to positive,

while seven maintained a negative attitude. The writer interprets this expression of negative attitude as close identification with a limited number of patients. The patients with whom the students worked had, for the most part, come long distances for treatment and had been separated from their families during treatment. It seems possible that closer and continued patient-family contact might have lessened some of the problems expressed by the patient and apparently reflected by the student. The nursing students had limited patient-family contact and essentially no opportunity for family teaching which would have broadened their knowledge of total family problems and adjustments. Many of the patients on the unit had been previously employed in work requiring physical skills rather than intellectual pursuits and this loss of physical skill may have increased their adjustment problems as identified by the student. Another factor to consider, however, is that the students may have been quite unaware of the problems faced by the severely handicapped individual, and the responses may reflect their increased awareness and appreciation of the problems of the handicapped person. There are other factors which the writer cannot identify but which may have also influenced the students' responses.

Six students expressed a negative attitude and seven a positive attitude on the initial questionnaire toward statement twelve: "The spinal cord injured person should not have to meet the same standards as others." On the second questionnaire, three students shifted from a negative to a positive attitude and three maintained their negative attitude. It is conceivable that there was confusion over the meaning of this statement, although only two students asked for clarification of the term "standards."

Three students expressed a negative attitude, on the initial ques-

tionnaire, in response to statement sixteen: "The spinal cord injured individual should receive care in a special facility where other patients will not be disturbed by his appearance." On the second questionnaire, one student shifted from a negative to a positive attitude and one from a positive to a negative attitude.

On the initial questionnaire, seven students expressed a positive attitude and six a negative attitude toward statement twenty-six: "It must be bitterly degrading for the spinal cord injured individual to depend so much on others." Two students shifted from positive to a negative attitude and three from negative to a positive attitude. Adjustment to a sudden and severe physical handicap is difficult for both the individual involved and the persons giving care. The American culture places high value upon independence of the male and this experience may have been the first time that the students had cared for a physically helpless but otherwise healthy male. The respondent's own anxieties and fears cannot help but color reaction to such a statement and the writer makes no attempt to interpret the student's individual response.

There were three responses indicating a positive attitude and ten indicating a negative attitude toward statement twenty-seven: "The nurse should be aware of the spinal cord injured individual's need for sympathy because of his handicap." Responses on the second questionnaire showed a shift from a positive attitude to a negative attitude on the part of two students and from a negative attitude to a positive attitude by three students. These shifts in attitude may represent a misinterpretation of the original intent of the statement. The writer had hoped to elicit a response indicating need for "understanding" rather than "sympathy" on the part of

the nurse.

Initially all thirteen students disagreed with statement twenty-eight: "A family may as well accept the fact that a spinal cord injured member will be helpless." This indicated a positive attitude. On the second questionnaire, two students shifted and expressed a negative attitude. It would have been interesting to know the patient assignment of these two students, as compared with the other students, to better understand their expressed feelings. It was possible that these two particular students cared for more severely disabled patients with more limited rehabilitation possibilities than the other students, which influenced their responses to the statement. All patients with whom the students worked were male and since our culture emphasizes physical fitness and physical independence on the part of males, this may also have been a factor which influenced student responses.

There were twelve positive responses and one negative response on the initial questionnaire for statement twenty-nine: "My attitude toward the spinal cord injured would be based on his personality rather than his injury." One student shifted from a negative to a positive response and three reversed their response from positive to negative on the second questionnaire. The writer cannot interpret the change in attitude expressed by the students.

Positive responses were given by two students and negative by eleven students on the initial response to statement thirty: "The spinal cord injured individual is constantly worried about the future." On the second questionnaire, two students moved from a positive attitude to a negative attitude, while one student shifted from a negative to a positive attitude. It is possible that these responses represent a reflection of

the attitude of the patient with whom the student had direct contact. It would be interesting, in the light of these responses, to broaden the students' experience with the spinal cord injured to include more than the acute recovery phase. Participation in a follow-up visit after discharge or attendance at a clinic where patients were re-evaluated might broaden the students' scope of rehabilitation. Attendance at a meeting of the paraplegic veterans (Paralyzed Veterans of America or National Paraplegia Foundation) or a sporting event (National Wheelchair Games), where the spinal cord injured individuals compete, might give the student quite a different frame of reference. Greater awareness of programs for the handicapped student, such as the one at Boston University, and a greater familiarity with the students themselves, or a home visit to a severely disabled person who utilizes the tutorial program, might be helpful to the nursing students in terms of their attitudes toward the disabled.

Initial responses to statement thirty-one, "many problems of adjustment in the male spinal cord injured stem from the fact he believes he is sterile," were five indicating a positive attitude by disagreement and eight indicating a negative attitude by agreement. On the second questionnaire all, however, expressed a negative attitude which seemed to be a reflection of the feelings expressed by the unit staff as noted by observations of the writer. It is perhaps important to point out that all these patients were male; some were young and single. Responses do represent feelings and the age and marital status of both the student and the patient undoubtedly colored feelings which were expressed. Here again it might have been helpful in interpretation of responses to know the age and marital status of the patient for whom the student gave nursing care.

There were eleven responses expressing a positive attitude by disagreement and two a negative attitude by agreement on the initial questionnaire toward statement thirty-two: "A spinal cord injury is often the result of carelessness on the part of the individual." One student shifted from a positive to a negative attitude on the second questionnaire and two maintained their negative response. These responses may represent identification with a particular patient, but the writer made no attempt to interpret feelings of the individual student.

Responses on the initial questionnaire indicated nine positive expressions and four negative attitudes toward statement thirty-three: "A spinal cord injury has no effect upon a person's intelligence." One student shifted from a positive to a negative attitude, but two shifted from negative to positive attitude. Two students maintained their negative attitude throughout. These responses may possibly indicate that the student cared for a patient with limited intellectual abilities and identified his limitations as resulting from his injury rather than as his previous level of competence. It might indicate a need for more interpretation, on the part of the staff, of the relationship between a traumatic cord injury and intellectual capacity. It may have been possible that the patient, for whom the student gave care, was so overwhelmed by his physical and emotional adjustments that the student was unable to evaluate his intellectual abilities. It may also have been that the patient's reaction was on a dependency level which the student identified as lack of intellectual ability rather than a stress reaction indicating need for emotional support.

There were ten positive and three negative responses on the initial

questionnaire to statement thirty-four: "In planning care for the spinal cord injured, more important than the individual himself, is his level of injury." On the second questionnaire, two students shifted from negative to positive expression of attitude and one shifted from positive to negative. Since only two students expressed a negative attitude on the second questionnaire, this may represent failure on the part of the writer to make the meaning of the statement clear for in all teaching with the nursing students emphasis is placed upon the individual. It is obvious that the level of injury is of vital importance in the plan of nursing care, yet it was not anticipated that students would identify this as more important than the individual himself.

All students responded initially with a negative attitude by agreement with statement thirty-five: "Most spinal cord injured individuals feel they are a burden to their family and friends." Three students shifted to respond with a positive attitude by disagreement on the second questionnaire. Perhaps this statement response again points up the lack of opportunity for family contact during the patient's hospital stay resulting in the patient feeling rejected and the student identifying with this feeling. These responses may also be associated with the early phases of recovery where the patient may be more dependent than at a later point in his program of recovery. Perhaps knowledge of the student's patient assignment here would have been helpful in interpretation of the responses.

There were five positive and eight negative expressions of attitude on the initial questionnaire, toward statement thirty-six: "Acceptance of a spinal cord injury is the same as acceptance of anything else in

life." Since only two students shifted, but in opposite directions, no conclusions can be drawn that the clinical experience made any significant contribution to attitude change.

Responses on the initial questionnaire were nine negative and four positive expressions of attitude toward statement thirty-eight: "Most spinal cord injured individuals are dissatisfied with themselves." Four students shifted from a negative to a positive attitude on the second questionnaire. These responses indicated that the nursing students were able, after clinical experience, to see the spinal cord injured individual, as any other individual, capable of finding satisfactions in his life situation. This seems to be a good illustration of the concept expressed by Wright when she states:

> The main antidote to emotionally negative attitudes on the part of the rehabilitation worker towards persons with disabilities lies in self-understanding, in making a real effort to come to grips with what one basically feels and why. . . .
> . . . . . .
> The proposed self-analysis takes place under favorable conditions when the specialist is actually working with persons who have physical disabilities, for then emotionally he begins to see people and not simply diseased and deformed structures.[1]

Although there were both positive and negative responses to statements on the questionnaire, there was definite movement in the direction of a more positive attitude toward the spinal cord injured individual after clinical experience with patients with this injury than before the experience. There were thirty-eight response items on the questionnaire and thirteen students, resulting in a total of four hundred and ninety-four responses on each administration of the questionnaire. On the second questionnaire, there were only forty-four of the possible four hundred and

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[1]Wright, 294.

ninety-four responses which demonstrated a shift from positive attitude to negative attitude. There were, however, forty-seven responses which demonstrated a shift from negative attitude on the initial questionnaire to a positive attitude on the second.

There were also shifts within the two positive and negative options open to the student on each item on the questionnaire. There were a total of nine hundred and eighty-eight responses through which students could indicate either a positive or a negative attitude. In only thirteen instances the students expressed a more negative attitude after the experience than before the clinical experience. In seventy-nine instances the students expressed a more positive attitude after their clinical experience with the spinal cord injured patients than before the clinical experience.

The findings of the study indicate support for the hypothesis that the nursing students do express a more positive attitude toward the spinal cord injured individual after clinical instruction and nursing experience in the rehabilitation area than before this experience.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

This study was concerned with the attitudes expressed by thirteen senior nursing students, of one collegiate school of nursing, toward the spinal cord injured individual. It tested the hypothesis that the nursing student would express greater understanding and acceptance of the spinal cord injured individual after clinical instruction and nursing experience in the rehabilitation area than before the experience.

Data were obtained through a Likert-type summated rating scale developed by the writer to measure positive and negative attitudes expressed by the students. The scale consisted of thirty-eight statements for which each student selected one response option for each statement. There were four response options, two indicating a positive attitude and two indicating a negative attitude. Each option carried a numerical score value and the student scores were determined from these response values. Data were obtained during the period from January 29, 1962 to April 26, 1962 while the students in the study were having their clinical experience on the rehabilitation unit of a Boston hospital. The scale was completed by each student before and following her four-week clinical experience with the spinal cord injured patients.

Numerical scores for each statement response and for the total questionnaire were determined for each student. Comparisons were made between the scores obtained on single items as well as the total scores ob-

tained by each student. Shifts in attitude on single items as well as on the total questionnaire were determined by comparisons of the two scores obtained by each student between the first and second administration of the questionnaire. Comparisons of the total scores and the score differences obtained by the students showed movement from a negative to a positive attitude toward the spinal cord injured individual which was significant at the five per cent level by the t Test. The findings of the study supported the hypothesis of the study.

CONCLUSIONS

Findings of the study indicate that the attitudes expressed by the nursing students toward the spinal cord injured individual did become more positive after clinical experience with patients with spinal cord injury. Findings indicate that not only did negative attitudes become positive but that positive attitudes were maintained and re-enforced by the clinical experience.

Another finding points up the importance of the attitude of the total staff with whom the nursing students have their educational experience. Student responses to certain items indicated a reflection of attitudes expressed by the staff caring for the patients. Some students shifted from expressing an initial positive attitude to expressing a negative attitude which was in keeping with the expressed attitude of the staff.

There were indications that patient-family contact for the nursing student would have increased and widened the student's opportunity to learn and appreciate the adjustment problems for both the individual pa-

tient and his family following a sudden and severe physical handicap. Attitudes expressed by the student indicated difficulty in relating the patient's hospital problems to the broader context of the total family situation.

There was indication from the findings that there was a tendency on the part of the student to identify problems of the patient with a spinal cord injury with the current recovery phase and apparent lack of awareness of the long-range picture. This is understandable since the patients with whom the students worked were in this early phase of recovery. This seems to indicate that some exposure to patients no longer requiring hospital services would be helpful to the student.

RECOMMENDATIONS

The following recommendations are made as a result of this study:

1. That the results of the study be made available to the staff on the rehabilitation unit where the nursing students had their clinical experience.
2. That the study be repeated using a larger sample.
3. That a similar but enlarged study be done in an attempt to determine if severity of involvement and age of patient for whom the student gives care are important in determining attitudes of students.
4. That an attempt be made to determine if there is a correlation between the student's expressed attitude toward the patient and her ability to give nursing care.
5. That an attempt be made to include more opportunity for the

nursing student for patient-family contact for optimal teaching and learning experience.

6. That the student's experience with the spinal cord injured be broadened to include a patient with a spinal cord injury who is functioning in a family or community setting in addition to a patient in a hospital setting.
7. That a study be done concerning attitudes of nursing students toward patients with other handicapping conditions who might be treated on a rehabilitation unit.
8. That a study be done concerning attitudes of a rehabilitation unit's staff members toward patients with handicapping conditions to learn
   a. attitudes expressed by staff members
   b. if one can identify importance of attitudes expressed in relation to successful patient care.

APPENDIX A

APPENDIX A

This material concerning attitudes toward the individual with a spinal cord injury is being obtained for a Boston University School of Nursing master's field study. Your assistance is needed to obtain this information. There are no right or wrong answers. No student will in any way be identified in the study nor will this be used as an evaluation of the student.

Please encircle the letter that best describes how you feel:

SA -- Strongly agree	SD -- Strongly disagree
A -- Agree	D -- Disagree

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1. The spinal cord injured have as many interests as other people.....	SA	A	D	SD
2. A nurse should expect the spinal cord injured patient to take some responsibility for his own care.....	SA	A	D	SD
3. A spinal cord injury does not change the individual any more than any other physical handicap.....	SA	A	D	SD
4. The spinal cord injured individual tends to be less mature ("grown up") than the average individual.....	SA	A	D	SD
5. The spinal cord injured individual who makes the best recovery follows a program which is planned for him by experts.....	SA	A	D	SD
6. The spinal cord injured individual will not mind being left out of activities because he has become accustomed to being left out.....	SA	A	D	SD
7. The spinal cord injured adult is more easily upset than the average adult.....	SA	A	D	SD
8. It is difficult to understand the spinal cord injured individual because he is unwilling to discuss his feelings.....	SA	A	D	SD
9. The spinal cord injured individual is constantly worried about what might happen to him.....	SA	A	D	SD

10. Spinal cord injured patients should be transferred to a chronic disease hospital for care since they will upset the family if they live at home..... SA A D SD

11. There are things worse than having a spinal cord injury..... SA A D SD

12. The spinal cord injured person should not have to meet the same standards as others..... SA A D SD

13. An individual can live in a competitive society and still compete following a spinal cord injury..... SA A D SD

14. It is possible to enjoy activities in which you are unable to participate physically..... SA A D SD

15. The spinal cord injured individual is not able to take an interest in community affairs because of his physical condition..... SA A D SD

16. The spinal cord injured individual should receive care in a special facility where other patients will not be disturbed by his appearance..... SA A D SD

17. The spinal cord injured individual does not have as much initiative as the non-injured person..... SA A D SD

18. The spinal cord injured individual should be employed because he is handicapped regardless of his ability..... SA A D SD

19. If the spinal cord injured individual is unable to earn his own living following a rehabilitative program, money has been wasted..... SA A D SD

20. In general, the spinal cord injured adult is less intelligent than the non-injured adult..... SA A D SD

21. A spinal cord injured individual is afraid to express his feelings..... SA A D SD

22. Most spinal cord injured individuals will not be motivated to do all they can for themselves..... SA A D SD

23. A spinal cord injured individual can never really be happy..... SA A D SD

24. The diagnosis of spinal cord injury indicates that the person will be physically helpless..... SA A D SD

25. Most spinal cord injured patients think and act alike..... SA A D SD

26. It must be bitterly degrading for a spinal cord injured individual to depend so much on others..... SA A D SD

27. The nurse should be aware of the spinal cord injured individual's need for sympathy because of his handicap..... SA A D SD

28. A family may as well accept the fact that a spinal cord injured member will be helpless..... SA A D SD

29. My attitude toward the spinal cord injured would be based on his personality rather than his injury..... SA A D SD

30. The spinal cord injured individual is constantly worried about the future..... SA A D SD

31. Many problems of adjustment in the male spinal cord injured stem from the fact he believes he is sterile SA A D SD

32. A spinal cord injury is often the result of carelessness on the part of the individual..... SA A D SD

33. A spinal cord injury has no effect upon a person's intelligence..... SA A D SD

34. In planning nursing care for the spinal cord injured, more important than the individual himself, is his level of injury..... SA A D SD

35. Most spinal cord injured individuals feel they are a burden to their family and friends..... SA A D SD

36. Acceptance of a spinal cord injury is the same as acceptance of anything else in life..... SA A D SD

37. The nurse should not expect the spinal cord injured individual to contribute to his own plan of care.... SA A D SD

38. Most spinal cord injured individuals are dissatisfied with themselves..... SA A D SD

APPENDIX B

APPENDIX B

Positive Statements and Option Numerical Values Assigned

The following nine statements are positive and scored for positive attitude by agreement. The option numerical values used in scoring are as follows:

Strongly agree.....SA -- 1
Agree.....A -- 2
Disagree.....D -- 3
Strongly disagree.....SD -- 4

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1. The spinal cord injured have as many interests as other people.....	SA	A	D	SD
2. A nurse should expect the spinal cord injured patient to take some responsibility for his own care..	SA	A	D	SD
3. A spinal cord injury does not change the individual any more than any other physical handicap.....	SA	A	D	SD
11. There are things worse than having a spinal cord injury.....	SA	A	D	SD
13. An individual can live in a competitive society and still compete following a spinal cord injury.....	SA	A	D	SD
14. It is possible to enjoy activities in which you are unable to participate physically.....	SA	A	D	SD
29. My attitude toward the spinal cord injured would be based on his personality rather than his injury.....	SA	A	D	SD
33. A spinal cord injury has no effect upon a person's intelligence.....	SA	A	D	SD
36. Acceptance of a spinal cord injury is the same as acceptance of anything else in life.....	SA	A	D	SD

Negative Statements and Option Numerical Values Assigned

The following twenty-nine statements are negative and scored for positive attitude by disagreement. The option numerical values used in scoring are as follows:

Strongly agree.....SA -- 4
Agree.....A -- 3
Disagree.....D -- 2
Strongly disagree.....SD -- 1

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4. The spinal cord injured individual tends to be less mature ("grown up") than the average individual..... SA A D SD

5. The spinal cord injured individual who makes the best recovery follows a program which is planned for him by experts..... SA A D SD

6. The spinal cord injured individual will not mind being left out of activities because he has become accustomed to being left out..... SA A D SD

7. The spinal cord injured adult is more easily upset than the average adult..... SA A D SD

8. It is difficult to understand the spinal cord injured individual because he is unwilling to discuss his feelings..... SA A D SD

9. The spinal cord injured individual is constantly worried about what might happen to him..... SA A D SD

10. Spinal cord injured patients should be transferred to a chronic disease hospital for care since they will upset the family if they live at home..... SA A D SD

12. The spinal cord injured person should not have to meet the same standards as others..... SA A D SD

15. The spinal cord injured individual is not able to take an interest in community affairs because of his physical condition..... SA A D SD

16. The spinal cord injured individual should receive care in a special facility where other patients will not be disturbed by his appearance..... SA A D SD

17. The spinal cord injured individual does not have as much initiative as the non-injured person..... SA A D SD

18. The spinal cord injured individual should be employed because he is handicapped regardless of his ability..... SA A D SD

19. If the spinal cord injured individual is unable to earn his own living following a rehabilitative program, money has been wasted..... SA A D SD

20. In general, the spinal cord injured adult is less intelligent than the non-injured adult..... SA A D SD

21. A spinal cord injured individual is afraid to express his feelings..... SA A D SD

22. Most spinal cord injured individuals will not be motivated to do all they can for themselves..... SA A D SD

23. A spinal cord injured individual can never really be happy..... SA A D SD

24. The diagnosis of spinal cord injury indicates that the person will be physically helpless..... SA A D SD

25. Most spinal cord injured patients think and act alike..... SA A D SD

26. It must be bitterly degrading for a spinal cord injured individual to depend so much on others..... SA A D SD

27. The nurse should be aware of the spinal cord injured individual's need for sympathy because of his handicap..... SA A D SD

28. A family may as well accept the fact that a spinal cord injured member will be helpless..... SA A D SD

30. The spinal cord injured individual is constantly worried about the future..... SA A D SD

31. Many problems of adjustment in the male spinal cord injured stem from the fact he believes he is sterile SA A D SD

32. A spinal cord injury is often the result of carelessness on the part of the individual..... SA A D SD

34. In planning nursing care for the spinal cord injured, more important than the individual himself, is his level of injury..... SA A D SD

35. Most spinal cord injured individuals feel they are a burden to their family and friends..... SA A D SD

37. The nurse should not expect the spinal cord injured individual to contribute to his own plan of care.... SA A D SD

38. Most spinal cord injured individuals are dissatisfied with themselves..... SA A D SD

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