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Staff development of an experienced head nurse and an inexperienced head nurse by one supervisor through guidance and counseling

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STAFF DEVELOPMENT OF AN EXPERIENCED HEAD NURSE
AND AN INEXPERIENCED HEAD NURSE BY ONE
SUPERVISOR THROUGH GUIDANCE AND
COUNSELING

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CHAPTER I

INTRODUCTION

Guidance and counseling are being used extensively in the business world today. It is felt that in order for a member of the working force to function adequately he must be accepted and respected by his co-workers.¹ Nursing service sets the tone of the environment in which the majority of personnel in the hospital function. Difficulties in interpersonal relations are a constant problem.

Supervision carries with it the responsibility and obligation to develop the members of the nursing staff increasingly toward their optimum capacity. To do this effectively the supervisor must meet their needs through guidance and counseling. The verbal exchange between the staff nurse and head nurse, the head nurse and supervisor, all constitute some form of guidance and counseling. Nasisse² states that:

As the role of the graduate staff nurse changes from that of a direct giver of patient care to that of teacher, supervisor and administrator of the nursing team, the supervisor must furnish guidance and direction. As the staff nurse's job grows, so does that of the head nurse.

¹Lydia Dayall, "Nursing Students' Opinion of Counseling in The Clinical Area in A Selected School of Nursing," (unpublished Master's field study, School of Nursing, Boston University, 1959), p. 1.

²Arline I. Nasisse, "A Study of the Activities of A Supervisor In Relation to Two Head Nurses, One Experienced, One Inexperienced," (unpublished Master's field study, School of Nursing, Boston University, 1959), p. 3.

Counseling and guidance are essential in the staff development of head nurses. Both the experienced and inexperienced head nurse need support in order to carry out their duties effectively. As this support is given, they will develop insight into the work situation giving them security in their position and assisting them to direct and plan better comprehensive nursing care.

This study deals with supervisory activities as they are related to guidance and counseling in the development of the head nurse.

Statement of the Problem

The purpose of this study is to determine whether a supervisor expends more effort in staff development through guidance and counseling with an inexperienced head nurse than with an experienced head nurse.

The study attempts to answer the following:

1. Does the supervisor assist the head nurse to see her strengths as well as her weaknesses?
2. Does the supervisor assist the head nurse to develop insight into her own needs, as well as the needs of her staff?
3. Is the supervisor allowing the head nurse to use her initiative and creative ability?
4. Does the supervisor assist the head nurse to plan and evaluate nursing care?
5. Does the supervisor guide and counsel the head nurse in development of adequate reports of patient's conditions?

Importance of the Problem

The average head nurse, whether experienced or inexperienced, is faced with many complex and frustrating situations. The inexperienced head nurse may be afraid to relinquish her historic responsibilities; or she needs help in adjusting to those of the present and of the future. By delegating the planning of patient care to the staff nurse, the head nurse will be freeing herself to evaluate nursing care as well as the needs of her staff, thereby placing inservice education on a continuum on her unit. If she is experienced, she needs assistance in recognizing her own needs and ultimately, the needs of her staff. The experienced head nurse, as well as the inexperienced head nurse, needs guidance and counseling to achieve job satisfaction. The interaction between the supervisor and the head nurse is a continuous one; the wise supervisor will help the head nurse to achieve her goal acting as a guiding influence upon her, assisting in the development of her maximum potential, bringing about a sense of security, emotional maturity and the ultimate goal of improved patient care.

It is the responsibility of the supervisor to assist those under her to adjust their "attitudes, values, hopes and fears" to their environment.³ The supervisor should be aware of the needs of her staff, plus her own needs; she should be capable of maintaining good interpersonal relations with her staff, bringing about job satisfaction through guidance and counseling.

³Raymond Hatch, "Do You Have Counseling Or Confusion?," The American Journal of Nursing (May, 1954), p. 584.

This study attempted to show the interaction between the supervisor and two head nurses in development through guidance and counseling on a daily basis.

Scope and Delimitations

This study was done in a three hundred and sixty-six (366) bed urban teaching and research general hospital. Observations were limited to the interaction of one day supervisor with two head nurses. The data were collected over a four-week period. The time involved was equivalent to five working days.

As the observer had held various positions in this institution, a certain amount of bias might have entered into the report.

Preview of Methodology

This study was concerned with the interpersonal relations of one supervisor with two selected head nurses. The data were collected by observation of one supervisor in two-hour blocks between the hours of 7:30 A.M. and 4:00 P.M.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of the Literature

Nursing service must assist the graduate nurse to develop better values and assist her in identifying principles.⁴ Craig⁵ states that supervisors are called upon constantly to solve problems that have one common factor; they deal with poor communications in interpersonal relations.

According to Brackett,⁶ the young practitioner turns to the head nurse and supervisor for guidance because they are the only ones with enough experience to fill this need. If key nursing personnel cannot fill this role due to administrative responsibilities a clinical specialist might perform this function. Due to the difference between the idealistic and realistic work situation the practitioner may develop conflicts of which supervisors must be aware in order to provide understanding and support. The supervisor is responsible for the growth and development of the head nurse as she must assist her to recognize and

⁴Loretta Heidgerken, "Some Problems in Modern Nursing," Nursing Outlook (July, 1959), p. 397.

⁵Virginia Craig and William Brown, "Group Counseling for Administrative Personnel," Nursing Outlook (July, 1956), p. 378.

⁶Mary E. Brackett and Joan R. Fogt, "Is Comprehensive Nursing Care a Realistic Goal?," Nursing Outlook (July, 1961), p. 404.

solve her own problems as well as the problems of her staff.⁷

Peplau⁸ feels that until the nurse can meet and identify her needs they will act as barriers, causing conflict which deters her from functioning in her role. Whiting⁹ is in agreement with this. He believes that if the supervisor constantly sacrifices the needs of either the nurse or patient in order to fulfill the needs of one or the other, patient care will fall to an unsatisfactory level.

Hatch¹⁰ states that the nurse is constantly faced with perplexing problems that make demands upon her; many can resolve their own frustrations and adjust to the demands of the unit. He carries this further by saying that the very best practitioner cannot perform her duties with the same zeal when in conflict. "Helping an individual to adjust her attitudes, values, hopes and fears to her environment is an obligation of counseling." According to Johnston¹¹ the problems must be solved by the person being counseled. The counselor helps her to face

⁷Mary Brackett, "Where and How Should Head Nurses Be Prepared?," Nursing Outlook (December, 1957), p. 645.

⁸Hildegard Peplau, Interpersonal Relations in Nursing (New York: G.P. Putnam's Sons, 1952), p. 139.

⁹J. Frank Whiting, "Patient's Needs, Nurses' Needs, and the Healing Process," The American Journal of Nursing (May, 1959), p. 663.

¹⁰Raymond Hatch, "Do You Have Counseling or Confusion?," The American Journal of Nursing (May, 1954), p. 584.

¹¹Ruth V. Johnston, "A Counseling Program is More Than A Counselor," The American Journal of Nursing (February, 1954), p. 173.

problems realistically and assists her to solve them better in the future. Counseling is an interaction between the counselor and the counselee.

Garland¹² believes that "on the spot" counseling strengthens the relationship between counselor and counselee. The client needs to develop logical thinking processes.

Benne and Bennis¹³ found that the supervisor could exert greater influence over her staff if the disparity between cause and effect were in agreement. When conflicts and frustration are not out in the open it drains on the effectiveness of the organization, causing interpersonal conflicts. The nurse has not been prepared psychologically for the role she is performing; the difference between what she considers her role to be and her present role causes conflict.¹⁴

It would be a brash observer indeed who attempted to make definitive statements about supervisors and supervision on the basis of such limited survey, but the findings do point up a basic dilemma--the conflicts and contradictions inherent in the contemporary shaky balance between professional image, organizational requirements and the career lines of individual nurses.¹⁵

¹²Lewis Garland, "Counseling? or Criticism?," The American Journal of Nursing (October, 1958), p. 1409.

¹³Kenneth D. Benne and Warren Bennis, "The Role of The Professional Nurse," The American Journal of Nursing (February, 1959), p.197.

¹⁴Kenneth D. Benne and Warren Bennis, "What is Real Nursing?," The American Journal of Nursing (March, 1959), p. 380.

¹⁵Marion Pearsall, "Supervision A Nursing Dilemma," Nursing Outlook (February, 1961), p. 91.

Rogers¹⁶ feels that:

If (the supervisor) can provide a certain type of relationship the other person will discover within himself the capacity to use that relationship for growth, and a process of change and personal development will occur.

The counselor must be aware of his own feelings; the more accepting and genuine interest he can exhibit toward the individual the more respect he will gain from the client, making the relationship a profitable one by interaction. Every individual holds within himself the power to grow toward maturity.

Dayall¹⁷ states that counseling requires a climate that will permit free discourse, a counselor who can create a psychological atmosphere that will preserve the worth of a person.

Benne, Bennis and Chin¹⁸ consider that the client must desire a change in his behavior in order to gain insight; some people need assistance in recognizing or admitting their problems.

Kaback¹⁹ states that human problems stem from human needs, experiences, or conflicts of long duration, that these problems can be

¹⁶Carl Rogers, "A Counseling Approach to Human Problems, "The American Journal of Nursing (August, 1956), p. 994.

¹⁷Lydia Dayall, "Nursing Students' Opinion of Counseling In The Clinical Area in a Selected School of Nursing," (unpublished Master's field study, School of Nursing, Boston University, 1959), p. 1.

¹⁸Warren Bennis, Kenneth Benne, Robert Chin, The Planning of Change (New York: Holt, Rinehart and Winston, 1961), p. 16.

¹⁹Goldie Ruth Kaback, "Guidance and Counseling Perspectives For Hospital Schools of Nursing," National League for Nursing, New York, 1958, p. 3.

alleviated by allowing the person to be heard without value judgments being made. As the individual learns to cope with his problems he lays a firm foundation for the future.

Counseling, then, is viewed as an interaction between two people enabling the individual to come to the point where he can make choices and decisions that are rational and logical; it is an interaction that enables the individual to accept and to use information and advice and to accept an unchangeable environment without being overcome by it.²⁰

Arbuckle²¹ feels that the counselor is necessary to provide the climate for the client to grow on the basis of his own strength. He further states that:²²

Theoretically, the only person who could benefit from advice would be the completely stable individual who since he has no need for advice, would never ask for it.

Rogers²³ feels that as the client grows, he develops or recognizes new perceptions of himself; as he implements these he develops new goals, thus reinforcing the growth process through increased insight.

²⁰Dugald S. Arbuckle, Guidance and Counseling in the Classroom (Boston: Allyn and Bacon, Inc., 1957), p. 133.

²¹Dugald S. Arbuckle, Counseling: An Introduction (Boston: Allyn and Bacon, Inc. 1961), p. 178.

²²Ibid., 178.

²³Carl Rogers, Counseling and Psychotherapy (Boston, New York: Houghton Mifflin Co., 1942), p. 216

Garrigan²⁴ states that:

Ideally a guidance program should serve as a "preventive measure" that aims to foresee and avoid difficulties of an educational, vocational, personal, or social nature; it should be a "sustaining device" to maintain, measure, and assure progress in growth, development, and accomplishment toward goals; it should be a "curative technique" to help people to clarify and solve their problems; and an "inspirational plan" that will help establish security, belongingness, a desire to participate, create mutual and self respect, and help all those concerned to develop a greater tolerance, understanding and appreciation of people and life.

Follett²⁵ believes that a leader:

... will see that all possible contributions are utilized and made into an organized, significant whole, subordinated to a common purpose...and I believe that the great leader can arouse my latent possibilities, can reveal to me new powers in myself, can quicken and give direction to some force within me.

According to Demaurex²⁶ leadership cannot be secured unless the leader understands his position, can uncover problem situations and take steps to see that the job is done.

²⁴Mary Ann L. Garrigan, "Guidance in the School of Nursing: A Suggested In-Service Program For Faculty Members" (unpublished Master's thesis, School of Education, Boston University, 1947), p. 6.

²⁵Henry C. Metcalf and L. Urwick, Dynamic Administration, The Collected Papers of Mary Parker Follett, (New York: Harper Brothers, 1940), p. 283.

²⁶Jaqueline Demaurex, "A Study of The Supervisory Process, As a Contribution to the In Service Education of the Nurses" (unpublished Master's field study, School of Nursing, Boston University, 1958), p. 13.

Statement of Hypothesis

The supervisor expends more effort in staff development through guidance and counseling with an inexperienced head nurse than with an experienced head nurse.

CHAPTER III

METHODOLOGY

Guidance and counseling are essential in the development of a head nurse. The investigator wished to study the extent to which the supervisor used the processes involved in guidance and counseling in the development of head nurses.

Permission to do this study was granted by X agency with the Director of Nurses acting as the certifying person. The Assistant Director of Nursing Service assisted the investigator in selecting the personnel who would fit into the specified categories. The selected supervisor and two head nurses were contacted and briefed; arrangements were made to obtain the data.

The supervisor was a graduate of a diploma school of nursing, had obtained her Baccalaureate Degree in Nursing in 1953 and her Master's Degree in Nursing Service Administration in 1958. She had been working in a supervisory capacity for sixteen years and responsible for the two units included in the study for nine months.

Head Nurse A was a graduate of a diploma program and had been in her present position for three years. Previous to this, she had been an Assistant Head Nurse in this agency and also had done staff nursing. She had had one year of head nurse experience in another agency and four years of staff nurse experience.

Head Nurse B was a graduate of a diploma program and had been in

her present position for seven months. Her experience included fourteen months of staff nursing and ten months as an admitting officer.

This study was conducted over a period of four weeks. The observer accompanied the supervisor in two-hour blocks between the hours of 7:30 A.M and 4:00 P.M., the usual working hours of a supervisor in this institution. The total time of this study covered a period of five eight-hour days. The time of the observation was planned to cover Monday through Friday. Saturday, Sunday, and holidays were not included in this study as the observer did not feel that any additional contribution would be added to the data collected, as one supervisor covered the Medical-Surgical Service at this time. The observation time was also planned to include conferences at which the supervisor and the two head nurses participated. Due to the limited time span, often one or the other of the two head nurses were off duty.

The interactions of the supervisor and the two head nurses were collected on an observation sheet (see Appendix A) and coded as to what occurred and where the action took place. If the investigator did not understand what was going on she questioned the person concerned and received an explanation.

Upon completion of the observations, the data were evaluated as to which would be considered guidance and which counseling. Guidance in this study refers to information giving. This meant that the exchange was on a factual level, the data of exchange were never followed up by an insightful growth process or understanding into the situation. Counseling was "on the spot" and long range in relation to Head Nurse A

(experienced) and B (inexperienced). All counseling was categorized as an insightful learning process that assisted the two head nurses to face their problems realistically giving them a firmer foundation on which to grow.

This study was done in a 366-bed general hospital in a large metropolitan area. The selected supervisor covered three semi-private units each with a 32-bed capacity for medical and surgical patients. The study was concerned only with guidance and counseling activities in relation to two head nurses and one supervisor. None of the other units in this institution were used in collecting data even though the supervisor covered these areas when one of the other three supervisors was not on duty. A modification of the team plan was being used at the time of the study.

CHAPTER IV

FINDINGS

The purpose of this study was to determine if a supervisor gave more guidance and counseling to an inexperienced head nurse than to an experienced one. These data were analyzed according to the stated sub-issues of the problem. The data for each head nurse were reviewed separately in order that a comparison could be made between the two head nurses in regard to guidance and counseling. Counseling was considered to be insightful growth of the head nurse caused by an interaction between the head nurse and supervisor. Guidance was the exchange of information on a factual level between the head nurse and supervisor.

1. Does The Supervisor Assist The Head Nurse To See Her Strengths As Well As Her Weaknesses?

Head Nurse B was told that she had guided her staff into good patient care considering the shortage of help. Head Nurse A was never given any support in this area; minor issues that were weaknesses were brought to her attention, such as having the staff keep after their housekeeping responsibilities. Head Nurse B was counseled for a long period of time on how to develop her staff through a strength she did not realize she possessed thus finding insight into an area that she had not considered necessary in her staff for development.

2. Does The Supervisor Assist The Head Nurse To Develop Insight Into Her Own Needs, As Well As The Needs Of Her Staff?

Vacation schedules were discussed individually on each unit; both head nurses had difficulty explaining this to their staffs and met with a lack of cooperation. Both spoke to the supervisor about this; she gave guidance by merely quoting policy and did not counsel them in this area until four weeks later. During the period of the study the supervisor held head nurses' conferences weekly. During these meetings head nurses brought up problems regarding interpersonal relations with personnel. The supervisor could have used these conferences as group counseling sessions to assist the head nurses to understand the needs of the staff and their own needs, thereby freeing them so that they could evaluate the care on their units more objectively and solve some of the other problems that were facing them. However, for the most part, these conferences pertained only to guidance.

Head Nurse B found a need to hold an evaluation conference with a young graduate who was having difficulty performing her duties. The supervisor assisted the head nurse by discussing the evaluation with her but the supervisor held the evaluation conference and presented the evaluation to the staff nurse. Head Nurse B was not present and was greatly disturbed.

The supervisor counseled the head nurses in how to develop team leaders and to assume their responsibilities in meeting the needs of the patient, as well as satisfying their own needs. The supervisor stated that everyone was in a learning situation; that they must know when to call someone to assume responsibility if they felt inadequate in any situation. She further stated that she "was available to teach but must

know when and what."

3. Is The Supervisor Allowing The Head Nurse To Use Her Initiative And Creative Ability?

In this sub-issue there were no episodes of guidance of either Head Nurse A or B. Head Nurse A was counseled in the use of creativity; she and the supervisor were members of the Records Committee. During the Committee meetings on the Revision of evaluation forms and doctor's order sheets, Head Nurse A exhibited her creative ability by suggesting that codes be used on the evaluation form and that certain minor changes be made in the construction of the order sheet, that it be tested on her unit before it was issued to other units. Head Nurse A felt that if this was done the staff could work with the form making further changes, if necessary.

4. Does The Supervisor Assist The Head Nurse To Plan And Evaluate Nursing Care?

Head Nurse A sought the supervisor's assistance in approaching a patient who was to be discharged and responsible to perform her own tracheal suction. The supervisor suggested different approaches which had been attempted, then instead of sitting down with Head Nurse A and planning a way to assist the patient to face her problem, stated that she would teach the patient, missing a chance to counsel Head Nurse A. Head Nurse B was concerned with the disappearance of equipment and attempted to gain the assistance of the supervisor. The supervisor told her that it had to be locked up. The exchanges between the head nurses and the supervisor were almost all on a factual level of information exchange.

Counseling in this sub area with Head Nurse B consisted of assisting her to see the weaknesses of her staff and the ways in which she could assist them toward growth in behavior by helping them to recognize the total needs of the patient in her team conferences bringing about a continuity of nursing care. Head Nurse A was counseled in how to utilize communication skills to the best advantage by investigating an issue with an aide concerning rotation off the floor. The supervisor suggested that a plan could be worked out which would assist the aide to gain insight into the problem, what she was doing to the morale of the unit and the difficulty the staff were having with patients families.

5. Does The Supervisor Guide And Counsel The Head Nurse In The Development Of Adequate Reports Of Patient's Conditions?

Head Nurse A was guided in one area of charting. This was in the recording of bedside notes of a patient with polyneuritis. The supervisor was explicit on what should be done; Head Nurse A received no counseling in this sub area.

Head Nurse B was guided as to who was responsible for filling out overtime slips for her staff on the other shifts; what was to be done when specimens were discarded. She received explicit directions on the charting of items of this nature. Counseling in this area consisted of a discussion of how to evaluate personnel as to weaknesses and delegation of responsibility, methods of clarifying good points and presenting the evaluation report to the staff nurse.

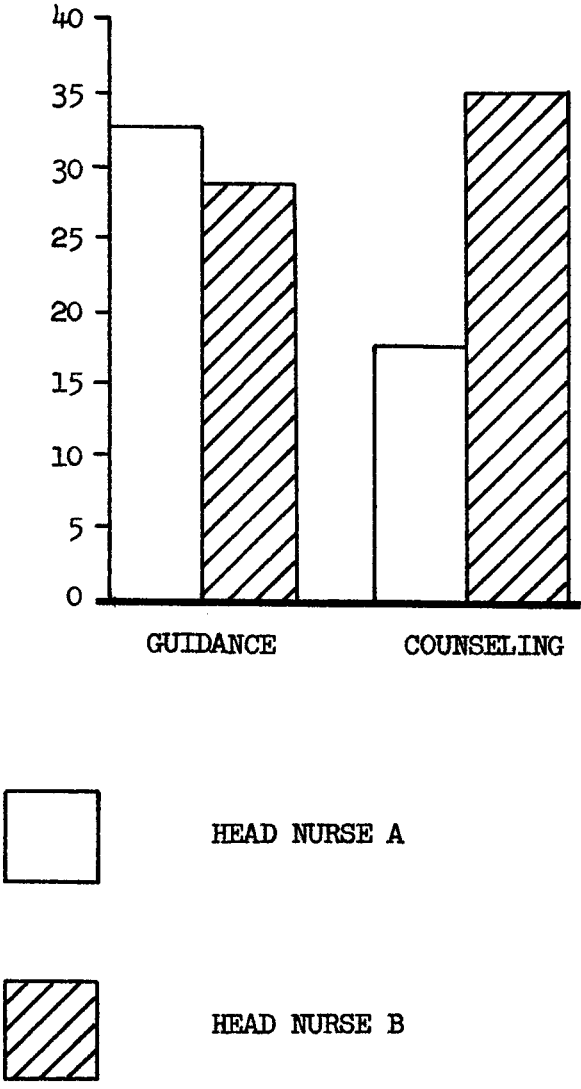
The data showed that the supervisor gave more guidance to Head

Nurse A than to Head Nurse B. This difference was slight and the limitation of adequate help might have entered into the findings.

The projection of counseling showed a discrepancy between the time given to Head Nurse A and Head Nurse B. This might account for the amount of guidance given to Head Nurse A; Head Nurse B was counseled nearly twice as much as Head Nurse A in an overall total. These figures have been projected in the graph on the following page.

FIGURE 1

NUMBER OF GUIDANCE AND COUNSELING SESSIONS OF HEAD NURSES A AND B IN FORTY HOURS



CHAPTER V

SUMMARY AND RECOMMENDATIONS

The purpose of this study was to determine whether a supervisor expended more effort in staff development through guidance and counseling with an inexperienced head nurse than with an experienced head nurse. This study showed the interaction between the supervisor and two head nurses in development through guidance and counseling over a forty-hour time span in a 366-bed general hospital.

Supervision carries with it the responsibility and obligation to guide and counsel head nurses, increasing their security and job satisfaction and bringing about more insightful nursing care.

Guidance and counseling were considered as an interaction between two individuals that enabled the individual seeking help to face her problems realistically without being overcome by them.

Counseling in this study was defined as insightful growth of the head nurse caused by an interaction between the head nurse and supervisor. Guidance pertained to the factual exchange of information between the head nurse and supervisor.

The data relative to the interactions of one supervisor and two head nurses were collected on an observation sheet and coded as to what occurred and where the action took place. The data were then analyzed according to the sub-issues of the problem. The data for each head nurse was reviewed separately in order that a comparison could be made

between the two head nurses in regard to guidance and counseling.

The data showed that the supervisor gave more guidance to the experienced head nurse than to the inexperienced head nurse. In contrast, the supervisor counseled the inexperienced head nurse nearly twice as much as the experienced head nurse.

Recommendations

The findings of this study should be useful in the development of inservice programs that will assist the supervisor to gain insight into the needs of her staff, helping them in turn to gain insight into their problems and methods of solving them. Only when the nurse knows and understands her own needs can she attempt to meet the total needs of the patient and assist him toward rehabilitation.

Several studies are suggested:

1. An activity study of assistant head nurses and team leaders.
2. A study of how the supervisor counsels the head nurse in staff development of assistants and team leaders.
3. A study of inservice programs for the development of supervisors.
4. A study of the delegation of authority in nursing service.
5. Comparison of the practice of two or more hospitals in the guidance and counseling of head nurses.

APPENDIX A

DATE

HOURS

OBSERVATION NO.

TIME	CODE	ACTIVITY	LOCALITY	WITH WHOM

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