

ATTITUDE CHANGES IN STUDENTS
DURING A PSYCHIATRIC NURSING AFFILIATION

by

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TABLE OF CONTENTS

Title Page	i
Approval Sheet	ii
Acknowledgements	iii
Table of Contents	iv
List of Tables	v
Chapter I. Introduction	1-6
Introduction to the Problem	1
Statement of the Problem	2
Purpose of the Study	2
Assumptions	2
Limitations	3
Definitions	3
Justification of the Study	4
Steps of the Study	4
Overview of the Study	6
Chapter II. Survey of the Related Literature	7-18
Survey of Related Literature and Studies	7
Summary	17
Chapter III. Report of the Study	19-39
Purpose of the Study	19
Instrument	19
Subjects and Types of Schools	20
Setting for the Study	22
Procedure	23
Results	24
Interpretation and Discussion	36
Chapter IV. Summary, Conclusions and Recommendations	40-43
Summary of the Study	400
Conclusions	41
Recommendations for Further Studies	42
Bibliography	44-45
Appendix	
Saslow-Mensh Scale of Attitudes Toward Behavior Disorders	

LIST OF TABLES

Table	Page
1 Age Range of 55 Female Student Nurses on Psychiatric Nursing Affiliation at the Oregon State Hospital: Winter, 1965	21
2 Saslow-Mensh Scores for 14 Female Student Nurses from Group A: Winter, 1965	25
3 Saslow-Mensh Scores for 11 Female Student Nurses from Group B: Winter, 1965	26
4 Saslow-Mensh Scores for 11 Female Student Nurses from Group C: Winter, 1965	27
5 Saslow-Mensh Scores for 19 Female Student Nurses from Group D: Winter, 1965	28
6 Comparability of Saslow-Mensh Scores for 55 Female Student Nurses from Groups A, B, C, D: Winter, 1965	30
7 Saslow-Mensh Scores for 55 Female Student Nurses from Groups A, B, C, D at the Beginning and Completion of Psychiatric Nursing Affiliation: Winter, 1965	31
8 Saslow-Mensh Score Changes for 55 Female Student Nurses from Groups A, B, C, D at the Beginning and Completion of Psychiatric Nursing Affiliation: Winter, 1965	32
9 Saslow-Mensh Scores for 55 Female Student Nurses from Groups A, B, C, D, Correlated with Beginning and Ending Scores, with Difference in Scores, and with Age: Winter, 1965	34
10 Comparison of Saslow-Mensh Score Changes for 55 Female Student Nurses who had Low, Middle and High Scores Begin- ning Psychiatric Affiliation: Winter, 1965	36

CHAPTER 1

INTRODUCTION

Introduction to the Problem

Assessment of attitudes and attitude changes in student nurses has received widespread attention in the last two decades. The importance of attitudes and possible changes in them has many implications for nurse educators and nursing personnel. The relationships of attitudes and attitude changes in the student to nursing programs, to nursing practices, and to the nurse herself has been the focus of curriculum change. Attitude assessment has been used as a measuring tool to evaluate educational experiences in nursing programs, effectiveness of nursing care for patients, and in the study of human behavior.

Preparation of nurses to utilize mental health concepts reflect attempts to teach and inculcate appropriate nursing attitudes. Mental health concepts have been developed at various times and at different levels in the nursing curricula. The present trend is to synthesize some of these concepts into the nursing program rather than segregate them into one experience. Various methods have been used in identifying learning experiences that best contribute to fostering the most constructive or positive attitudes toward mental health problems.

Special emphasis has been placed on the psychiatric nursing course as an area most pertinent to mental health practices. Psychiatric nursing courses have been designed for teaching principles of positive mental health and the prevention, diagnosis and treatment of mental disorders. A central objective of the course is to increase the ability to identify and deal with problems of human behavior, interpersonal relationships, and attitudes inherent in these problems. Thus, an understanding and appreciation of attitudes as facets of human behavior become integrated learning experiences for students in solving nursing problems.

Statement of the Problem

The literature has established the importance of the study of attitudes and changes in them. Attitudes evolving as an educative process from nursing programs have been recognized (2, 4, 5, 6, 9, 13, 19). Attitudes emerging from specific learning experiences in the mental health field have been investigated (1, 8, 11, 17, 20, 21). Attitude changes subsequent to a psychiatric nursing course have been examined in attempts to identify factors in the learning experience that affect student nurses (3, 7, 10, 12, 14, 15, 16, 22).

The assessment of changes in attitudes of students toward mental health problems requires further investigation in order to meet the future goals of professional nursing education programs.

Purpose of the Study

The purpose of this study was to assess changes in attitudes of student nurses toward mental health problems as a result of a psychiatric nursing experience.

This study undertook the investigation of opinions of student nurses to test the hypothesis that attitudes toward mental health problems are changed in a positive direction as a result of a psychiatric nursing affiliation program.

Assumptions

For the purposes of this study it was assumed that:

1. Education changes people. These changes include the acquisition of knowledge, development of understanding and attitudes, as well as acquisition of skills.
2. Changes in behavior are evidences of learning. Integration of knowledge occurring within the learner would be reflected by behavior changes and attitudes she reveals.
3. Emphasis on selecting learning experiences that promote the development of constructive attitudes in the learner usually guides most educators.

It was further assumed that:

1. A likely place in the nursing curricula where awareness of attitudes occur would be during the psychiatric nursing course. Changes in attitudes

toward mental health problems could be demonstrated as a result of the course.

2. Educational experiences within a psychiatric nursing program would affect changes of attitudes in student nurses regardless of the type of nursing program in which she is enrolled.

3. The psychiatric nursing affiliation program consists of a relatively homogeneous student nurse population and an adequate sampling population.

4. The Saslow-Mensh Scale of Attitudes Toward Behavior Disorders for assessment of opinions would be adequate for the purpose of this study.

Limitations

This study was limited to information obtained from fifty-five female student nurses during a psychiatric nursing rotation at the Oregon State Hospital, Salem, during Winter Term, 1965. The subjects were from four schools, two of which offered diploma programs in nursing, and two leading to baccalaureate degrees. The Saslow-Mensh Scale of Attitudes Toward Behavior Disorders was administered at the beginning and completion of the affiliation experience.

This study makes no attempt to analyze the curricula of any of these schools nor to evaluate the same. This study also makes no attempts to analyze the psychiatric nursing affiliation nor to evaluate same.

Definitions

The definitions used for the purpose of this study were:

1. Attitude as defined by Helen Wago: "Attitude is a tendency to act toward or against something in the environment which becomes thereby a positive or negative value. . . . The distinguishing evidence of attitude is behavior."¹

¹ Wago, Helen. An analysis of the expressed attitudes of registered professional nurses toward tuberculosis nursing and implications of these attitudes. Nursing Research. 3:3: 114-117, Feb., 1955, p. 114.

2. Student nurses are students enrolled in an accredited school of nursing, leading to either a diploma or a baccalaureate degree.

3. Psychiatric nursing course or psychiatric nursing experience is a program offering didactic and clinical content in mental health nursing in a psychiatric institution. In addition, the course or affiliation meets the criteria for accreditation by the nurse licensing board in the state in which it is offered.

4. A term is a period of time in the academic nursing school year that is generally twelve weeks in length, and is designated in seasonal quarters.

Justification of the Study

The literature and recent studies have placed emphasis on the need for continued study to identify factors influencing attitudes and changes in them in nursing education programs in general, and in psychiatric nursing courses in particular. The possible findings of these studies would assist in selecting methods of teaching and types of educational experiences that would contribute to promoting constructive and appropriate nursing attitudes toward patient care.

In a broad sense the study hopes to further the study and practice of mental health concepts in modern schools of nursing.

Steps of the Study

Sources of Data. The primary source of data was the information obtained from the selected instrument, the Saslow-Mensh Scale of Attitudes Toward Behavior Disorders. Additional information regarding the psychiatric nursing affiliation was obtained from the nursing directors of the programs at the Oregon State Hospital.

Secondary sources of data were derived from a review of the related literature pertaining to attitude assessment in nursing education, in medical education, and in the mental health field. The nursing journals were searched as well as other publications on the subject.

The steps whereby this study was conducted may be described as follow:

1. The literature was searched to develop a frame of reference to study the problem.

2. Purposes and hypotheses were formulated related to the topic selected for study.

3. The problem was defined and delimited.

4. The Saslow-Mensh Scale of Attitudes Toward Behavior Disorders was selected as being an instrument that would elicit information that met the purposes of the study. Permission to use the tool in this study was obtained.

5. The testing population was selected to consist of all female student nurses enrolled at the Oregon State Hospital for psychiatric nursing affiliation during the Winter 1965 term.

6. Permission was obtained from the two respective nursing directors of the affiliation programs at the Oregon State Hospital to study the students enrolling in the Winter 1965 term.

7. The variables noted within the population sample included the type of nursing program, educational preparation and nursing courses completed prior to entering the affiliation program, the affiliation experience itself, and age of the subjects.

8. The test was administered to fifty-five female student nurses during one selected term of psychiatric nursing affiliation at a state psychiatric institution during the first week and again in the last week of the experience.

9. The data was processed by a comparative analysis of information from both testing periods. The scores were summed and ranges computed. Statistical analyses utilizing means, differences in beginning and ending scores, standard deviations, t-tests, and analyses of variance were tabulated. Tables were constructed to demonstrate these findings followed by a discussion.

10. The findings were summarized.

11. Conclusions were drawn and discussed.

12. Recommendations for further study were made.

Overview of the Study

The remainder of this study has been divided into three chapters. Chapter II will consist of a survey of the related literature and studies including a summary. Chapter III will be the report of the study describing the procedure, results, concluding with an interpretation and discussion of the findings. Chapter IV will contain the summary, the conclusions, and recommendations for further study.

CHAPTER II

SURVEY OF RELATED LITERATURE AND STUDIES

Attitudes have been described extensively but it is widely recognized that they are complex, are comprised of many characteristics, and are subject to change and modification. It is also generally agreed that attitudes involve emotional aspects that in most circumstances cannot be separated from intellectual understanding or knowledge. Attitudes develop as a result of all of the elements described, and as a process derived from all of life's experiences.

Attitude measurement consists broadly of assessing an individual's responses to a set of social objects or situations. Attitudes cannot be seen, and measurement is undertaken by direct or indirect methods. Measurement of attitudes and instruments used to assess changes have evolved from psychological investigation in educational and social institutions, survey, questionnaire and opinionnaire of public attitudes, and the study of human behavior itself.

Measurements of attitudes in nursing education programs have been related to the broad aspects of attitudinal changes in students enrolled in schools of nursing. Attitude assessment toward mental health and psychiatric nursing has received specific attention. Recent work in the areas of student nurse attitudes and nursing education related to mental health concepts and psychiatric nursing have been:

Altrocchi and Eisdorfer (1) at Duke University used a semantic differential in their rating scale of attitudes toward six concepts of mental illness. They found that students at advanced levels of college and nursing schools who were relatively well-informed showed favorable changes in attitudes. The nursing students' attitudes changed in a favorable direction when tested during the twelve week psychiatric nursing course in a basic program, while psychology students with the same informational background

showed little or no change. The authors felt that the changes did not result from increased knowledge alone but resulted from the psychiatric nursing course which included clinical experience with patients and learning some psychotherapeutic skills.

Baker, in his study (2) of attitude changes in a collegiate program of nursing, expressed that the amount of knowledge acquired by learners was more easily evaluated by grading systems than were the attitudes necessary to apply the acquired knowledge. He based his recent findings on the assumption that attitude development occurred within the student-teacher relationship, and that emphasis was placed upon the substantive aspect of the attitude. He thought that not enough attention was directed to how attitudes toward patient care were developed, and how they grew as a result of a professional curriculum in nursing.

Baker studied four sample groups that included a representative number of faculty members, and freshman, junior and senior student nurse subjects. In testing his hypothesis of growth toward independence of faculty attitudes, a series of attitudinal statements such as "Patients who do what they are told by the nurse have the best chance of becoming well" were used. In sixty per cent of the items, growth from dependence on faculty attitudes was found. Forty per cent of the items which seemed to yield no growth from dependence were those concerned with authority of nurse, patient conformity, and the like.

Freshman students indicated a strong tendency to take a definite position in regard to the attitudinal items, while junior and senior students tended to show more variability in their responses. The latter finding was interpreted to be due to the anxieties of the first year of nursing education. The junior and senior students, having acquired fundamental skills and techniques to perform nursing tasks, reflected the direction of greater variability. As a consequence of these acquisitions, the students' attitudes suggest a shifting from faculty attitudes toward patient care. The investigator recommended further study of the types and influences of attitudes toward nursing care that were brought about by the formal academic program in nursing.

Brooks' extensive three-part study (3, 4, 5) of student nurses' attitudes as a result of the educational program in basic nursing used a test-re-test method at the onset of the program and one year later, with subjects from diploma, associate and baccalaureate degree schools. Comparison of students' backgrounds at the time of entrance revealed a difference in terms of socio-economic factors, intelligence and self-rating concepts. Factors that were similar within the groups were religion, social dominance-submission, and adjustment.

The comparison of the amount of change in attitudes between samples after the completion of the year's work in the programs revealed significant differences. The testing of attitudes in the study reflected that experience in nursing education was the only factor that consistently influenced a change in attitudes. The author concluded that other factors, not identified in the study at the time, were operating to effect changes of attitudes.

Carini's work (7) utilized Eula V. Johnson's Psychiatric Nursing Attitude Scale in studying the attitudes of nursing students at the beginning and completion of an affiliation in five hospitals in the State of New York. The fundamental aim of her investigation was to determine whether the attitudes of the subjects toward mental illness, and in turn, toward psychiatric nursing were changed as a result of the basic psychiatric experience.

Carini concluded that the nursing education program experiences prior to the affiliation did not significantly influence the adjustment of the students to it. In addition, positive as well as negative expectations of the experience were expressed by most of the students. Desirable changes in attitudes toward mental illness and psychiatric nursing were effected regardless of the particular type of psychiatric hospital setting. The more positive the initial attitude toward mental illness was, the less change was brought about as a result of the affiliation; while the less positive the beginning attitude was, the greater change was demonstrated. Finally, the basic theoretical and clinical content of the psychiatric nursing program appeared to change attitudes in a positive direction, and as a further consequence tended to reduce prejudice toward mental illness.

Among the recommendations made by Carini were:

1. That the basic nursing program be directed toward integrating concepts of mental health throughout the entire curriculum so that the adjustment of the students within the psychiatric nursing situation would be facilitated.
2. That the nursing faculty of diploma and degree programs in nursing develop positive attitudes toward mental illness and psychiatric nursing so that they might influence the students in a positive direction in this area.
3. That, inasmuch as the public's attitudes toward mental illness were reflected in the misconceptions believed by the students, the nursing profession assume some responsibility in propagating and perpetuating mental health concepts within the community as well as within the hospital.

Eron (9) used four representative groups of first- and third-year student nurses from baccalaureate programs in the East and South, and a fifth group consisting of graduate students of nursing in a master's program in the Northwest. The Sarason-Mandler Scale of General Anxiety, the authoritarianism scale developed by Adorno and others at Berkeley, as well as items developed by Eron to test cynicism and humanitarianism were administered to the five selected groups. On the authoritarian scale there was a definite trend for all groups to obtain successively lower mean scores as the age and level of education increased. In general, however, nursing students tended to have a more authoritarian attitude than medical students when tested with the same instrument.

Testing of humanitarianism showed a decided significance in mean scores at the beginning and ending of schooling. While the freshman nurses obtained significantly higher scores in humanitarianism than did freshman medical students, there was no difference between mean scores of senior nursing and senior medical students. Eron concluded that although continued education tends to lessen humanitarianism of nurses it does not affect the medical students in the same way.

Gelfand and Ullman (11) used the Opinions Toward Mental Illness Scale of Cohen and Struening (8) in a study of attitude changes associated

with a psychiatric nursing affiliation. Their findings reported that changes in attitudes toward mental illness were not merely a matter of increasing information or providing contact with patients. The authors were among the first to advance the idea that knowledge and experience alone did not contribute to attitude changes, nor that one or the other factor was the more important. They also felt that attitude change was not necessarily associated with behavior changes either. They stated that there were a number of factors not clearly understood that effected changes. It was recommended that factors effecting attitude changes be studied and identified culminating in converting of these attitudes into everyday clinical experiences.

A parallel study (9) by the same authors investigated changes in attitudes of medical students toward mental illness as a result of a psychiatric clerkship training. The research was undertaken to identify ways in which medical students could be taught the principles of mental health, and how these principles could be inculcated into their professional practices. It was felt that the clerkship program was partially successful in producing positive changes in attitudes toward mental illness.

Ingmire's interesting study (13) at the University of California investigated the attitudes influencing student nurses as they progressed in their educational programs. These were reported as certain attitudes that the subjects held when they entered their schools. These were related to the profession of nursing and nursing activities which affected their nursing experiences. Attitudes were also related to individual differences among students. The commonly shared attitudes of this first group upon entering the program were toward family members, financial obligations of education, social, personal and religious institutions. These were found to be positive and wholesome. This group participated in extra-curricular, community and social activities. They tended to view nursing education as satisfactory, and felt able to give adequate nursing care to patients. They held idealistic attitudes toward nursing as contributing to the welfare of mankind. The group in turn expressed negative attitudes in one or more areas of their one

year's nursing experience in terms of head nurses, rating sheets, and personal feelings of inadequacy.

The second-year subjects were reported as highly sensitive to actual nursing situations on wards involving other students and ward nursing and medical personnel. Their discontent seemed generalized but their attitudes conveyed a more critical evaluation of their work, instructors and personnel.

The third-year subjects revealed less security about their functioning in the nursing team situation. By this time ideals toward nursing were converted into reality, and were reported succinctly as (sic) "an-never-ending job" concept.

Correlation of these attitudes with that of student achievement depicted students doing superior (A) work in nursing theory or nursing practice, or both, had fewer conflicts in the attitudes common to students entering a school of nursing. They expressed positive attitudes toward disadvantaged persons, and derived satisfaction in working with people. Further positive beliefs originated from self-assurances that they were contributing to the well-being of patients. Conversely, students doing below average (D) work in nursing theory or nursing practice, or both, expressed negative attitudes toward authoritarian figures in their lives. They tended to be more insecure in social relationship. Their involvement in nursing was more concerned with self-feelings rather than other-person or patient-directed.

A further observation can be offered in that Ingmire found factors similar to Brooks' study in attitudes that were common to subjects entering nursing schools.

Johannsen, Redel and Engel's recent study (14) examined both attitudinal and personality changes as processes emerging from experiences in the psychiatric nursing affiliation program. They tested two successive classes of affiliating students in two selected institutions. The selections, primarily chosen to provide contrasts, consisted of (a) a large, public mental hospital with a census of over a thousand patients, a large percentage

of which was classified as chronically ill; and (b) a private hospital of less than one hundred patients, a large percentage of which was classified as acutely ill. As can be expected, philosophy of treatment varied with more use of somatic therapies in the private hospital.

The subjects were junior and senior students with a reasonably homogeneous background of intelligence, education, age and sex. All were enrolled in various diploma schools of nursing. Four student groups for each affiliation period were selected. One experimental group was formed for each psychiatric hospital, while one control group was formed for each of the institutions. A total of thirty-nine subjects was used. The control groups were identical to the experimental groups excepting the selected purpose of not having had psychiatric nursing experience.

Testing was done with the OMI scale and the Custodial Mental Illness Scale of Gilbert and Levinson for attitude assessment. The California Psychological Inventory was used for the personality testing scale. Testing occurred during the second day of affiliation and again at the end of the course for the experimental group. The control subjects were tested in an identical time pattern.

The results reported that the groups were equated on the initial testing at the beginning of the experience. The second testing demonstrated significant increases in five of the eighteen CPI scales. Major differences occurred within the public institution and the control groups. Both of the public hospital experimental groups and one of the private hospital groups changed significantly more than the controls. Students grew in the direction of achievement via independence scale. Positive changes were found in the public hospital groups. The authors concluded that:

As a result of the affiliation, nursing students seem to be more independent, sure of themselves, and outspoken. The experience seems to foster flexibility, psychological-mindedness, and self-confidence. The most marked change is a drop in authoritarianism. Students' attitude toward the type of care afforded mental patients becomes more liberal. No real change in intellectual attitudes toward the origin of mental illness takes place.

The authors continue:

It is somewhat surprising that a more professional and objective attitude toward mental hygiene ideology did not appear. Changes did occur, but not in all experimental groups. Our subjects seemed to be imbued with a benevolent and paternalistic attitude toward their patients, which tended to increase rather than diminish during affiliation.

Kaback's survey (15) for the National League for Nursing used a questionnaire study originally designed to ascertain the reactions of students, faculty and other members associated with basic programs in nursing, to the psychiatric nursing experience offered in the curriculum. The study was then brought to a conclusion by an exploration of student opinions and attitudes toward the psychiatric nursing experience. The survey superseded a project by the National League for Nursing that concerned itself primarily with the identification of psychiatric nursing concepts that could be used in the baccalaureate degree programs in nursing. The survey initially handled compilation of data such as types of facilities in which psychiatric nursing experience was offered, length of time in the experience, responses to the most and least valuable learning experiences, and allied evaluations of the course.

A compilation handling responses to the question, "What do you think are the chief difficulties that students have in their initial relationships in psychiatric nursing, and why?" focused attention on students' stated reasons that revealed the role of attitudes. Feelings of insecurity and immaturity were ranked equally with fear of physical harm; twenty-eight per cent of the 772 subjects remarked this. Twenty-five per cent identified pre-conceived stereotypes of patient's abnormal behavior. Lack of knowledge and skills accounted for thirty-one per cent of the responses to this question. The author felt that the large number of responses, 1,215 from the 772 students, reinforced the conclusion that many students find this area of nurse-patient relationships (or beginning psychiatric nursing experience), to be an area of difficulty. In conclusion, Kaback stated that:

It will be noted that very few of these difficulties point in the direction of deficiencies in the psychiatric experience only. Most of the difficulties call for a change in attitudes that can scarcely be brought about in a two- or three-month period.

She summarized her findings with a specific question for investigation:

Can real foundations for the psychiatric nursing courses be laid throughout the education program so that the unique learnings about psychiatric nursing can be compressed into a relatively short period of time? If so, should other areas of the curriculum be examined to see if they are carrying their share of the responsibility for preparing students to care for psychiatric patients as well as for other patients?

Saslow and Mensh (20) contributed to medical education in general, and to psychiatry in particular, by their work in the study of the role of attitudes toward learning and understanding of mental health problems. In their teaching experiences and research studies they devised an instrument to measure opinions toward behavior disorders as a result of a sophomore course in comprehensive medicine. The tool was scaled to measure representativeness of agreement or disagreement. Their work was originally designed to study effectiveness of learning experiences in the medical school teaching program. Data were collected from a long-range program of systematically following attitudes of medical students and others in the professional setting. Many groups were sampled as the project evolved into a long-range study of attitudes.

The Saslow-Mensh scale consists of 338 items rated from as "strongly agree, agree, somewhat agree," to "somewhat disagree, disagree, strongly disagree." The rated strength of agreement is arranged numerically from 1 to 6 so that the higher score indicates a more favorable response to the item. Some sample items are:

The great majority of the so-called mental disorders can be traced directly to an hereditary tendency of some sort.

Neuroses and psychoses fundamentally represent disturbances in interpersonal relationships.

Intellectually gifted children are likely to be weak and retarded physically and emotionally unstable.

Most people who don't get ahead just don't have enough will power.

Women should stay out of politics.

The last fourteen items of the test call for a specific response by a forced choice of the best opinion of the subject as demonstrated in the sample:

Frustration arises from (1) conflict, (2) unconscious motives, (3) psychic monopoly, (4) primary drives.

The findings related to the long-range study of attitudes in the medical school settings were many. In the testing of various groups some indication of differential attitudes was found. There was less homogeneity of attitudes among sophomore medical students than among graduate nurses and occupational therapy students. Although a shifting of attitudes was apparent in the medical student groups, they were less consistent in that some shifted grossly, others not at all. They tended to score higher than beginning medical students and beginning dental students. However, the authors found that the relative scores of the variously sampled groups decreased as contact with the medical school environment decreased. Thus, beginning students in various settings reflected less favorable attitudes than did other professional students such as those in social work, in graduate nurse programs and in occupational therapy, whose level of training had already involved them in clinical situations and contacts with patients.

The authors, among other conclusions, stated that ". . . though amount of information has relevance to attitudes, there are other significant factors which function in determining the attitudes." In addition, "they felt that the statistically significant changes in attitude test scores appeared to be related to taking the course." In relation to the various groups tested they also felt that:

. . . the attitude test devised indicates the effects of duration of experience as a student in a medical center, and duration of exposure of health care personnel to medical problems, as such, as well as the effects of a particular course designed to bring about certain general changes in attitudes toward behavior disorders.

Toomey, Reznikoff, Brady and Schumann (22) designed a study to test whether attitudes of nursing students during an affiliation were related to their success in meeting the requisites of their program. Reznikoff had already been studying mental health problems and attitudes toward them in psychiatric settings, and the new study was a ramification of his previous work. The authors postulated that successful experiences in the psychiatric treatment and/or milieu could affect both the initial attitudes and the subsequent modification of them during the student nurses' association with the psychiatric nursing course.

A battery of tests designed to measure attitudes toward mental illness, mental health and psychiatry were used. These tests, which were in the form of opinions, relating responses to a set of pictures, and exploring attitudes toward mentally-ill patients, were given at the beginning of the affiliation period and again at the end of the period.

Their findings included a statistically significantly positive relationship between changes in overall attitudes and academic achievement by the subjects. Superior students tended to develop somewhat more positive views during the affiliation. An overall view was presented also that the attitudes toward the psychiatric hospital that were mainly conscious in nature were negatively related to theoretical competence at both testings. They inferred that the superior student seemed better able to express negative attitudes which the not so superior students tended to repress. Hence, students were able to shift both unconscious and conscious, positive and negative attitudes in the light of their hospital experiences. The authors found also that apparently no relationship existed between attitudes measured and proficiency: i.e., practice or clinical experience alone was not enough to influence a change in the subject.

Summary of the Related Literature

There is much in the literature regarding the measurement of attitudes. Numerous instruments are described for making assessments of changes in attitudes. Most investigators agreed that the instruments used

CHAPTER III

REPORT OF THE STUDY

Purpose of the Study

This study was undertaken for the purpose of assessing changes in attitudes of student nurses toward mental health problems as a result of a psychiatric nursing affiliation. Fifty-five female student nurses enrolled in a psychiatric nursing course were studied at the beginning and completion of the experience to test the hypothesis that attitudes toward mental health problems are changed. It was further hypothesized that these changes could be reflected in either a positive or negative direction. The possibility of there being no demonstrable change in some subjects was also advanced. In addition, amounts of change would vary among subjects. Finally, that educational experiences within a psychiatric nursing program affect changes of attitudes in student nurses regardless of the type of nursing program she is enrolled in.

Instrument

The Saslow-Mensh Scale of Attitudes Toward Behavior Disorders, a validated instrument designed to measure attitudes toward mental health problems, was used. The tool is based on the degree of endorsement, or representativeness of agreement or disagreement to fifty-four items designed to assess opinions toward behavior disorders. The rated strength of agreement is arranged numerically from 1 to 6 so that the higher score indicates a more favorable response to the item. The last fourteen items call for a specific response by a forced choice of the best opinion of the subject. The authors used twenty items from the Minnesota Scale (Hathaway and Schofield), and the Sanford-Older Scale. Forty items were prepared by Saslow and Mensh at St. Louis.

The Saslow-Mensh Scale approached the problem of attitudinal assessment from an academic point of view of the authors' teaching experiences in a medical school setting. They stated (13) that the complex factors in the teaching process presented difficulties in evaluation of learning experiences. The complexity in turn has resulted in a variety of technics designed to study the effectiveness of teaching programs. Because of the significance of attitudes in understanding behavior, an inseparable part of medicine and patient care, the study of attitudes has been the basis for research in many fields.

The data, collected from a long-range program of systematically following attitudes of medical students and others, demonstrated the effects of instruction and information as well as normal changes that occurred as a function of duration of exposure to medical problems. Other related medical groups of students that were tested included nursing students, dental students, graduate sociology students and graduate occupational therapy students.

Subjects and Types of Schools

The selection of subjects for this study represented efforts to obtain as homogeneous group of students as possible. Four groups of students entering the psychiatric nursing affiliation program at the Oregon State Hospital in Salem for the Winter Term, 1965, were utilized. The subjects came from four schools of nursing, three of which were located in Portland, Oregon, while the fourth was from the State of Washington.

The subjects were female students ranging in ages 20-44, with a mean age of 21.6 years. One male student nurse was omitted in order to keep the subjects homogeneous. Table 1 demonstrates the age range for the 55 student nurses.

The total number of subjects was 55. Two students left the affiliation thus their first testing was omitted. The subjects were coded as A, B, C, and D groups in order to contain the identity of the group within the four schools of nursing. Group A had 14 students, Groups B and C had 11 students

each, and Group D had 19 students. Groups A and B were from diploma schools, while Groups C and D were from baccalaureate schools.

Table 1
Age Range of 55 Female Student Nurses on
Psychiatric Nursing Affiliation at the Oregon
State Hospital: Winter, 1965

<u>Group</u>	<u>N</u>	<u>Mean Age</u>	<u>Range in Age</u>
A	14	20.6 years	20 - 22 years
B	11	20.8 years	20 - 23 years
C	11	24.2 years	20 - 44 years
D	19	21.3 years	20 - 23 years
Combined	55	21.6 years	20 - 44 years

The types of schools represented in this study were the diploma program and the baccalaureate program in nursing. While no attempt was made to analyze or evaluate the curriculum of any of these schools fundamental differences in the types of nursing programs are known. Generally these are that diploma schools indicate a high school diploma and three years spent in the nursing education program of the hospital as requirements for graduate from their program. The baccalaureate programs require a high school diploma followed by a four year college program combining liberal arts courses with a nursing major. Groups A and B had high school diplomas. One student of these groups had had some college preparation. All of the students in groups C and D had met the liberal arts and nursing major courses prerequisite to the psychiatric nursing rotation.

An additional observation related to the type of nursing school was that of support and control. The two diploma schools were private church-supported denominational schools as was the out-of-state baccalaureate school. The last school was non-denominational and under the jurisdiction

of the Oregon State System of Higher Education. All four schools, however, admitted students to their schools on a non-sectarian, non-denominational basis, as stated in their respective catalogs.

The participants had entered the affiliation during the last half of their junior year or the first half or second quarter of the senior year. The previous didactic and clinical experiences of the subjects before this affiliation consisted of medical-surgical nursing and maternal-child health nursing. Operating room, diet therapy, pharmacology and certain medical and surgical nursing "specialties" had been included. The only exceptions were two students from Group A, and one student from Group B who had not had pediatric nursing experience. All had had courses in the basic sciences, psychology and sociology, although only the baccalaureate students had these courses for college credit.

Setting for the Study

The affiliation program at the Oregon State Hospital in Salem affords psychiatric nursing experience to accredited schools of nursing. The affiliation period is designated in seasonal terms or quarters consisting of not less than eleven weeks and not more than thirteen weeks. The present study concerned itself with the Winter Term of 1965, which was an eleven-week term but the diploma school students began and ended the term one week earlier than the baccalaureate groups.

The clinical facilities of the hospital are utilized for teaching and laboratory experiences for both types of program. The programs, however, are separated by type of nursing programs and geographical location on the campus. The baccalaureate program utilizes Unit IV in which four wards are selected for experience. The diploma students are located in Units III and VI in which six wards are selected for experience. The wards on which both programs are assigned for clinical practice are structured similarly by Oregon State Hospital staffing patterns, and by ages, sex, types and diagnoses of patients.

There were three instructors in each program. The instructors in the baccalaureate program are members of the faculty from Group D's school, and appointed by the State System of Higher Education. The diploma program instructors are employed by Civil Service procedure but function as part of the Oregon State Hospital staff in the nursing education department. The psychiatric nursing content of the course is taught by the instructors in the programs; staff physicians lecture on the disease entities with their accompanying component of methods of diagnosis and treatment. The clinical instructors are on the wards with the students in addition to the nursing personnel assigned to those wards and units. Additional learning experiences are presented in the form of panels, seminars, group meetings, field trips to mental health facilities in various communities, use of other professional speakers and participants in psychiatric settings, case conferences, interviewing sessions, films, and ward adjunctive therapies. The nursing education department library and the hospital medical library are available to all students.

Procedure

The investigator administered the Saslow-Mensh Scale of Attitudes Toward Behavior Disorders to the subjects during the first week of their affiliation experience in Salem. Two testing periods were necessary - one session for diploma students and the other for the baccalaureate group. One hour was allowed, although it was noted that most students finished in thirty minutes; the least amount of time was 20 minutes, and the most 50 minutes, in both groups at the first testing.

The subjects were re-tested by the same examiner during the last week of their psychiatric nursing term. Again they were allowed an hour and the time for taking the test was noted to be similar to the first testing period for both groups.

Results

The Saslow-Mensh Scale of Attitudes Toward Behavior Disorders was scored by summing the weighted values of the students' response to each individual item. The total scores for the test were then tabulated. The possible range in scores could have been from a minimum of 54 to a maximum score of 338 points. The scale was constructed so that the higher scores indicated the more favorable attitudes toward mental health problems. Each group will be reported separately.

The scores achieved by the fourteen subjects in Group A are shown in Table 2. Saslow-Mensh test scores for each subject are shown at the beginning of affiliation, after eleven weeks in the psychiatric nursing experience, and the difference between the two scores.

An example of individual differences can be demonstrated by the first two subjects. Subject 1 had a score of 254 at the beginning of affiliation, at the completion it was 256, or a difference of 2 points. Thus, a positive direction in change was shown between the two periods. Subject 2 had a score of 244 at the beginning of the experience and 236 at the end, resulting in a difference of 8 points lower. A negative direction or a less positive attitude toward mental illness was indicated by this subject.

As a group the fourteen students had a mean score of 242.9 (SD of 12.7) at the beginning of the affiliation, and at the completion it was 250.3 (SD of 16.7). The average difference in scores was 7.5 (SD of 11.5). The range in scores at the beginning of affiliation was from 215 to 262, and upon completion of the course from 221 to 280. The range in the difference scores was from -8 to 27 showing that some students decreased their total scores by as much as 8 points, while other students increased their total score by as much as 27 points.

The scores achieved by the eleven subjects in Group B are shown in Table 3. Saslow-Mensh test scores for each subject are shown at the beginning of affiliation, after eleven weeks at the psychiatric nursing experience, and the difference between the two scores.

Table 2

Saslow-Mensh Scores for 14 Female
Student Nurses from Group A: Winter, 1965

<u>Student</u>	<u>Saslow-Mensh Score at the Beginning of Affiliation</u>	<u>Saslow-Mensh Score at the Completion of Affiliation</u>	<u>Difference</u>
1	254	256	2
2	244	236	-8
3	240	254	14
4	245	237	-8
5	215	221	6
6	235	262	27
7	256	270	14
8	262	280	18
9	251	246	-5
10	250	261	11
11	248	252	4
12	231	257	26
13	244	250	6
14	226	223	-3
Mean	242.9	250.3	7.4
SD	12.7	16.7	11.5
Range	215 to 262	221 to 280	-8 to 27

Table 3
Saslow-Mensh Scores for 11 Female
Student Nurses from Group B: Winter, 1965

<u>Student</u>	<u>Saslow-Mensh Scores At the Beginning of Affiliation</u>	<u>Saslow-Mensh Scores At the Completion of Affiliation</u>	<u>Difference</u>
1	237	262	25
2	222	239	17
3	246	251	5
4	246	243	-3
5	248	253	5
6	238	266	28
7	226	240	14
8	239	252	13
9	234	244	10
10	243	247	4
11	263	259	-4
Mean	240.2	250.5	10.4
SD	11.2	9.0	10.4
Range	222 to 263	239 to 266	-4 to 28

As a group the eleven students had a mean score of 240.2 (SD of 11.2) at the beginning of the affiliation, and at the completion it was 250.5 (SD of 10.4). The average difference in scores was 10.4 (SD of 9.0). The range in scores at the beginning of the affiliation was from 222 to 262, and upon completion of the course, from 239 to 266. The range in the difference scores was from -4 to 28.

The scores achieved by the eleven subjects in Group C are shown in Table 4. Saslow-Mensh test scores for each subject are shown at the beginning of the affiliation, after eleven weeks in the psychiatric nursing experience, and the difference between the two scores.

Table 4
Saslow-Mensh Scores for 11 Female
Student Nurses from Group C: Winter, 1965

<u>Student</u>	<u>Saslow-Mensh Score at the Beginning of Affiliation</u>	<u>Saslow-Mensh Score at the Completion of Affiliation</u>	<u>Difference</u>
1	235	247	12
2	238	273	35
3	246	268	22
4	229	254	25
5	223	220	-3
6	243	263	20
7	234	252	18
8	232	258	26
9	265	262	-3
10	224	234	10
11	240	240	0
Mean	237.2	251.9	14.7
SD	11.7	15.7	12.7
Range	223 to 265	220 to 273	-3 to 35

As a group the eleven students had a mean score of 237.2 (SD of 11.7) at the beginning of the affiliation, and at the completion it was 251.9 (SD of 15.7). The average difference in scores was 14.7 (SD of 12.7). The range in scores at the beginning of the affiliation was from 223 to 265, and upon completion of the course, from 220 to 273. The range in the difference scores was from -3 to 35.

The scores achieved by the nineteen subjects in Group D are shown in Table 5. Saslow-Mensh test scores for each subject are shown at the beginning of affiliation, after eleven weeks in the psychiatric nursing experience, and the difference between the two scores.

Table 5

Saslow-Mensh Scores for 19 Female
Student Nurses from Group D: Winter, 1965

<u>Student</u>	<u>Saslow-Mensh Score At the Beginning of Affiliation</u>	<u>Saslow-Mensh Score At Completion of Affiliation</u>	<u>Difference</u>
1	270	281	11
2	245	248	3
3	264	267	3
4	246	242	-4
5	246	255	9
6	267	270	3
7	283	288	5
8	285	276	-9
9	252	268	16
10	237	265	28
11	260	252	-8
12	245	277	32
13	281	294	13
14	242	278	36
15	252	250	-2
16	250	251	1
17	258	261	3
18	257	262	5
19	248	240	-8
Mean	257.3	264.5	7.2
SD	14.3	15.4	12.4
Range	237 to 285	240 to 294	-9 to 36

As a group, the nineteen students had a mean score of 257.3 (SD of 14.3) at the beginning of the affiliation, and at the completion it was 264.5 (SD of 15.4). The average difference in scores was 7.2 (SD of 12.4). The range in scores at the beginning of the affiliation was from 237 to 285, and upon completion of the course from 240 to 294. The range in the difference scores was from -9 to 36.

In reviewing the summary of the scores for the four student groups it can be noted that the range in scores for the total of the combined groups was from 200-294. None of the students scored low on this scale that theoretically can have a minimum score as low as 54. None scored at the maximally possible score of 338 either.

Students in all four of the groups scored on the average a higher number of points at the completion of the affiliation than at the beginning. Thus, a generally more favorable attitude toward behavior disorders was indicated when these subjects were tested with the Saslow-Mensh scale.

In reviewing the scores it was also observed that there was a difference in the means among the four groups. The mean scores are repeated again in Table 6 for each group of students. The beginning Saslow-Mensh mean scores varied from 237.2 for Group C to 257.3 for Group D. An analysis of variance test showed that these four means were statistically different from each other ($f = 7.62$, p of .001 for $df = 3$ and 51). In addition, the mean scores for three of the groups, A, B and C, were comparable ranging from 237.2 to 242.9 and differed by about 5.7 points. This was within the error variance of each of the means. In contrast, the mean score of the last group, Group D, differed by about 20.1 points from the mean score for the third group, Group C. It was apparent that the mean for this fourth or last group differed from the mean score for the preceding three groups.

The Saslow-Mensh scores after completing the affiliation varied from 250.3 for Group A to 264.5 for Group D. An analysis of variance test showed that these four means were statistically significant from each other ($f = 3.52$, p of .01 for $df = 3$ and 51). In addition, the mean scores for three

of the groups, A, B, and C, were comparable ranging from 250.3 to 251.9, differing by about 2.2 points. Again the mean score of the last group differed by 12.6 points from the mean score for the preceding three groups.

Table 6

Comparability of Saslow-Mensh Scores for
55 Female Student Nurses from Groups A, B, C, D: Winter, 1965

	Mean Scores				<u>F</u>	<u>p</u>
	Group A	Group B	Group C	Group D		
Saslow-Mensh Score Beginning Affiliation	242.9	240.2	237.2	257.3	7.62	.001
Saslow-Mensh Score Completing Affiliation	250.3	250.5	251.9	264.5	3.52	.01
Difference Between Saslow-Mensh Scores Beginning and Com- pleting Affiliation	7.4	10.3	14.7	7.2	1.06	n.s.

Inasmuch as the mean scores differed, further analyses were done by combining all of the groups with a total N of 55, as well as for each group of subjects separately. An additional analysis of the comparability of the means is shown in Table 6. The mean difference in scores at the beginning of affiliation and upon completion of affiliation was compared. These scores ranged from a mean of 7.2 for Group D to a mean of change of 14.7 for Group C. Although this mean change was twice as large for the latter group, the variability of score changes within each group was so large that the difference between these mean scores were not statistically significant ($f = 1.06$, p not significant with $df = 3$ and 51).

The mean scores for each group at the completion of the psychiatric nursing experience without exception were higher. The mean scores differed somewhat among the three groups but the data and analysis shown in Table 7

indicate that in each of the groups the score changes were statistically significant.

Table 7
Saslow-Mensh Scores for 55 Female Student Nurses from
Groups A, B, C, D at the Beginning and Completion of Psychiatric
Nursing Affiliation: Winter, 1965

<u>Group</u>	<u>N</u>		<u>Saslow-Mensh Score</u> <u>Beginning Affiliation</u>	<u>Saslow-Mensh Score</u> <u>Completing Affiliation</u>	<u>t</u>	<u>p</u>
A	14	Mean	242.9	250.3	2.39	.05
		SD	12.7	16.7		
		Range	215 - 262	221 - 280		
B	11	Mean	240.2	250.5	3.32	.01
		SD	11.2	9.0		
		Range	222 - 263	239 - 266		
C	11	Mean	237.2	251.9	3.86	.01
		SD	11.7	15.7		
		Range	223 - 265	220 - 273		
D	19	Mean	257.3	264.5	2.41	.05
		SD	14.3	15.4		
		Range	237 - 285	240 - 294		
Combined	55	Mean	246.2	255.6	5.88	.001
		SD	15.0	16.2		
		Range	215 - 285	220 - 294		

Group A changed from a mean of 242.9 to 250.3, a change in score significant at the .05 level by using the t-test. Because the same group took the same test at the beginning and again at the completion of the affiliation the

t-test for correlated means was used to test the significance of the difference between the two means. Thus, for this group the value of the t-test was 2.33, p of .05, $df = 13$.

The comparable t-values for the remaining three groups respectively were Group B, 3.32, p of .01; Group C, 3.86, p of .01; and Group D, 2.41, p of .05. For the four groups combined ($N = 55$) the difference in scores from 246.2 to 255.6 was highly significant with $t = 5.88$, p of .001.

Whether examining the combined groups as a single group, or as single groups from various school origins, these student nurses scored significantly higher on the Saslow-Mensh scale after the completion of eleven weeks in the psychiatric nursing program at Salem than they did upon their arrival at Oregon State Hospital.

A further look at individual cases proved interesting. Table 8 depicts the percentages of score changes of individuals showing no change or change in a negative direction, as well as those who showed changes in a positive direction. Of fourteen students from Group A only 4 students showed no change

Table 8

Saslow-Mensh Score Changes for 55 Female Student Nurses from Groups A, B, C, D at the Beginning and Completion of Psychiatric Nursing Affiliation: Winter, 1965

<u>Group</u>	<u>Total N</u>	Individuals Showing no Change or Change in Negative Direction		Individuals Showing Change in Positive Direction	
		<u>N</u>	<u>Percent</u>	<u>N</u>	<u>Percent</u>
A	14	4	28.6	10	71.4
B	11	2	18.2	9	81.8
C	11	3	27.3	8	72.7
D	19	5	26.3	14	73.7
Combined	55	14	25.5	41	74.5

or change in a negative direction; or 28.6 per cent had a less favorable attitude toward mental health problems at the end of the affiliation. The remaining 10 students, or 71.4 per cent of the group, demonstrated a change in a positive direction. The remaining three groups revealed a comparable magnitude in the number and percentage of individuals having a higher score at the end of the affiliation period. The percentage of students resulting a positive direction of change by groups was Group B, 81.8 per cent; Group C, 72.7 per cent; and Group D, 73.7 per cent. For all four groups combined 14 out of 55 students, or 25.5 per cent demonstrated no change or a change in a negative direction, whereas 41 out of 55 students, or 74.5 per cent showed changes in a positive direction. It can be noted from the data in Tables 7 and 8, that whether comparing group means or change in individual scores, the subjects scored higher on the Saslow-Mensh scale upon completion of their psychiatric affiliation than at the onset of the experience.

In order to determine whether students retained their relative ranking on the test-re-test scores, a test of correlation between the two sets of scores for each student was done. The correlations, as shown in Table 9, was done by the Pearson product-moment correlation method for the four groups.

The four groups combined showed an r of .691, p of .001 for correlation of scores at the beginning of the affiliation period with scores at the completion of the affiliation. The correlation demonstrated that the students who scored high on this scale at the beginning of the affiliation were also generally those who scored high on the same scale at the end of the course. When the beginning and ending affiliation scores were correlated for each group separately, essentially the same findings were obtained. By groups these correlations were Group A, .725, p of .01; Group B, .488, p not significant for $df = 9$; Group C, .607, p of .05; and Group D, .617, p of .01.

In viewing the combined data for the four groups a correlation of the scores at the beginning and ending of affiliation with the difference in scores at the beginning and ending of affiliation, or the amount of change, was $-.337$, p of .02. Thus, the students who had the higher scores at the beginning were

Table 9
 Saslow-Mensh Scores for 55 Female Student Nurses from
 Groups A, B, C, D, Correlated with Beginning and
 Ending Scores, with Difference in Scores, and with Age: Winter, 1965

	<u>Group A</u>		<u>Group B</u>		<u>Group C</u>		<u>Group D</u>		<u>Combined</u>	
	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>
Correlation of Saslow-Mensh Score at the Beginning of Affiliation with:										
Saslow-Mensh Score Completing Affiliation	.725	.01	.488	n.s.	.607	.05	.617	.01	.691	.001
Difference in Scores Beginning and Completing Affiliation	-.049	n.s.	-.653	.05	-.172	n.s.	-.373	n.s.	-.337	.02
Correlation of Saslow-Mensh Score Completing Affiliation with:										
Difference in Scores Beginning and Completing Affiliation	.652	.02	.341	n.s.	.678	.05	.501	.05	.446	.001
Correlation of Difference in Scores Beginning and Completing Affiliation with:										
Age of Student Nurse	.179	n.s.	-.153	n.s.	.603	.05	.121	n.s.	.335	.02

the students who tended to show the least amount of change in their scores. Conversely, the students whose initial scores were relatively lower at the beginning tended to be the students whose scores showed the greatest amount of change. The correlation also shows that in each instance it was a negative one, although in only one group, Group B, did it reach statistical significance, viz., $r = .653$, p of $.05$.

The correlation of the scores after affiliation with the difference scored for the amount of change from the beginning to the ending of the psychiatric nursing affiliation was $r = .446$, p of $.001$ for the combined groups. The students who showed the biggest difference in scores tended to be the ones who had the highest scores at the end of the affiliation period. When looking at the groups separately the correlations were Group A, $.652$, p of $.02$; Group B, $.341$, p not significant; Group C, $.678$, p of $.05$; Group D, $.501$, p of $.05$.

The remaining correlation analysis depicts the correlation between the difference in scores at the beginning and completion of the affiliation with the age of the subjects. An $r = .335$, p of $.02$ was obtained for the combined groups. Thus, the older student nurses tended to show the biggest difference in scores. Although the age range was very narrow as shown in Table 1, these two scores were demonstrated to be correlated. One exception to the constricted age range was seen in Group C with a range of 20 to 44 years. When examining the correlation among the four groups, Group C had the only significant statistical finding of $r = .603$, p of $.05$. Nonetheless, for the combined group there was a tendency for the older nurse to change most in her scores between the beginning and ending tests.

As reviewed above there was a negative correlation between the Saslow-Mensh scores at the beginning of affiliation with the amount of score change that the student demonstrated. The student who had the highest score at the beginning was least likely to show a greater score change when tested again at the completion of the course. This finding is presented in another form in Table 10.

Table 10

Comparison of Saslow-Mensh Score Changes for
55 Student Nurses who had Low, Middle, and High
Scores (Beginning Affiliation)

	<u>Groups A, B, C, D</u>	<u>N</u>	<u>Group Mean</u>	<u>Mean Change</u>
Low	Initial Saslow-Mensh Score 239 or Below	18	230.8	17.4
Middle	Initial Saslow-Mensh Score 240-249	18	244.7	8.1
High	Initial Saslow-Mensh Score 250 or Above	19	262.1	3.9

The data in Table 10 show a comparison of the test score change for subjects who had relatively low, middle and high beginning scores. For the 18 students of the total 55 whose initial score was 239 or below the mean change or difference in scores was 17.4. For the 19 students whose initial score was in the middle range of 240-249, the mean change shown was 8.1. This is less than half the mean score change of the first, or low group. Finally, for the student nurses whose initial score was 250 or higher, the mean change in scores was only 3.9. Again this was less than half as much as the second group, the middle scores, and about less than a fourth as much as the first, or low group. The ceiling for the test was not reached here inasmuch as the group mean for the subjects in this third or last group, was 262.1. This mean is far below the possible maximum test score of 338 that could have been reached. The mean change of 3.9 points in this group indicates that there was much more room for possible change.

Interpretation and Discussion

The purpose of the study in general has been achieved. An answer was found to the question: "Was there a change in the attitudes of the 55 subjects tested?" There was a change. The change in attitudes shifting to a positive

direction was found in 74.5 per cent of the total group. Conversely, 25.5 per cent of the subjects demonstrated no change, or a change in a negative direction. There were sub-group differences and variability among schools but students in all of the groups scored on the average a higher number of points at the completion of the affiliation than they did at the beginning of it. This indicated generally that a more favorable attitude toward behavior disorders was effected during this psychiatric nursing affiliation. Thus, the hypothesis that attitudes toward mental health problems are changed in a positive direction as a result of a psychiatric nursing experience was accepted.

The results seemed to demonstrate an adequate project design and method. A more functional unit of time and organization would perhaps have profited more. For example, attitudes could have been tested over two or more terms to compare different schools in order to eliminate speculation as to whether students do indeed come from a homogeneous background of nursing school programs. Various types of nursing programs may not really afford homogeneity in student nurse groups much longer. The trend in nursing education is to develop curricula which differentiate technical and professional education. Thus it may be forecasted that the diploma and baccalaureate students of the future will be less homogeneous than at present.

It would seem better to study larger groups from the same type of programs when studying attitude changes. Systematically following one type of program would afford a better research design in attempting to correlate such factors as academic preparation and achievement prior to entering affiliation, academic achievement in the affiliation, and assessment of feelings toward, and adjustment to, the experience. A further improvement would have been to re-test the subjects three months post-affiliation to ascertain whether changes were sustained and did not occur merely as a consequence of a passage of time.

The changes in attitudes that were reflected in the affiliation period were also found in Altrocchi and Eisdorfer's study (1) as well as in Saslow and Menish's work (20). Authors generally concede that attitudes toward social objects or situations tend to improve with knowledge or by being well-informed.

In contrast recent investigators, such as Gelfand and Ullman (10, 11) and Johnsansen, et al. (14) tend to seek factors other than information and contact about or with social situation that affect changes. They found that their work did not substantially disprove the awareness of information and experience in effecting changes, but neither did they prove the importance of one or the other factor, nor a combination of the two.

Kaback (15) seemed to think that the attitudes emerging or found in the affiliation period did not rest with the content of the course either, but she also held the view that this seemed to be the most likely place for potential change to occur. She indicated that much improvement might be gained through the approach of integration or synthesis of mental health concepts into the total curriculum. Many present nurse educators are using this approach. This writer tends to support this view also but with the approach that some of the mental health concepts be integrated at appropriate levels and periods of the curriculum. The danger of attempting a complete integration or synthesis of subject matter into curricula is well known to teachers and educators. When attempts are made to do this, loss of content of particular courses or subjects occurs.

Sub-group differences were found in almost every other study. This is to be expected. General agreement existed with Gelfand and Ullman, as well as Brooks' study of attitudes (4, 5, 6) in nursing education programs per se, that a number of factors were affecting changes in student's attitudes that were not clearly understood. Gelfand and Ullman (10, 11), Carini (7), and Saslow and Mensh (20) stressed further study to identify these factors and utilize them in teaching and learning experiences.

A new approach seems under way that tends to view that behavior changes are not indicative of attitude changes that stem from inculcation or integration of knowledge. In many studies it was commented that knowledge alone was not enough; exposure or contact contributed also. Johanssen, et al., implied this when they said that no real change in attitudes toward origins of mental illness occurred. This was found despite the academic preparation of the subjects, as

well as subsequent exposure to programs in psychiatric nursing, and achievement in scores that pointed toward the direction of greater potential gains that might have been made in the tests. This possible lack of gain, or the reverse, the potential for gain that was not utilized, was found by this investigator also.

Another result of the present study that was substantiated by previous studies was the fact that the highest score at the beginning was the least likely to show a greater score increment; conversely, the lower the beginning score was the greater the gain made by the subject. As a consequence speculation was made as to the factors involved in this finding. Were all of the students availing themselves of equal opportunities to utilize their potential for growth or gain? This is further reflected in the finding that there was room for growth in that whether starting with a relatively low or high score, that the maximum score for the test was not attained. The highest scoring group achieved a mean score of 262.1 of a possible score of 338 points. Variances in individual scores could stem in part from the school that the student is enrolled in, prior academic preparation for nursing, as well as the cultural, familial and social values that have played a part in shaping of the individual student's attitudes found in nursing programs.

Finally, the use of this type of testing device would seem to have value in uncovering at the beginning of a term or program the high and low scoring students in order to offer types of learning or identifying content in the psychiatric nursing program that would tend to foster or promote individual growth.

The summary of the study, the conclusions drawn, and the recommendations for further studies have been stated in the next chapter.

CHAPTER IV

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary of the Study

The purpose of this study was to assess attitude changes in student nurses toward mental health problems during a psychiatric nursing affiliation period. The study was limited to studying a group of 55 student nurses during an eleven week term at the Oregon State Hospital at Salem during Winter quarter, 1965.

A validated instrument, the Saslow-Mensh Scale of Attitudes Toward Behavior Disorders, was administered at the beginning of the psychiatric nursing experience, and again at the completion of the course. A homogeneous group of 55 female student nurses of a relatively constricted age range were tested with the scale. The subjects were from four schools of nursing, two of which were diploma programs, while the remaining two were baccalaureate degree programs in nursing. The students received didactic content and laboratory learning experiences as prepared by their program directors in the two areas of the hospital to which the programs were assigned.

The students in all four of the groups scored on the average a higher number of points at the completion of the affiliation than they did at the beginning when tested with the Saslow-Mensh scale. This indicated a generally more favorable attitude toward behavior disorders. The percentage of change in a positive direction was 74.5 per cent, or 41 of the 55 subjects, while 25.5 per cent, or 14 of the 55, demonstrated no change or a change in a negative direction. In addition, there was a difference in the means among the four groups reflecting variability among them. One nursing school group showed a smaller shift in attitude change than the others.

It was further reviewed that students who started with higher scores tended to show the least amount of change, while those who had relatively

lower scores tended to show the greater amount of change. When the test scores were correlated with age for the combined groups there was a tendency for the older nurse to change most.

A final comparison of test scores for subjects ranked by low, middle and high scores revealed that there was room for a potentially higher score or possible chance for growth. This was reflected in that of a possible score of 338 points on the test, a mean of 262.1 was demonstrated for the group who showed the least amount of change despite the fact that this same group scored higher beginning and ending score test means.

Sub-group variabilities were revealed. Perhaps these were influenced by such factors in the students' backgrounds as religious attitudes and value systems, philosophy of their home school as well as the philosophy of the student toward her school, community, family and herself. Investigation of such factors was outside the design of this study.

Conclusions

From the information obtained on the Saslow-Mensh Scale of Attitudes Toward Behavior Disorders administered to fifty-five female student nurses on psychiatric nursing affiliation at the Oregon State Hospital during the Winter Term, 1965, the following conclusions were made:

1. Since a change in attitudes in a positive, hence favorable, direction was found in 75% of the subjects in this study it was demonstrated that the Saslow-Mensh Scale of Attitudes was a sensitive, adequate tool.
2. Note was made of the different instructors and separation of learning experiences for the two types of nursing programs represented in this study. The findings revealed that educational experiences with a psychiatric nursing program affect changes of attitudes in students regardless of the type of nursing program. Thus, positive changes reflecting more favorable attitudes toward mental health problems was found in all of the groups despite different instructors, separation of learning experiences, and various teaching methodologies used.

3. The findings of the study failed to identify factors that could explain the relationship of rate of changes in attitudes between the low, middle and high scores.

4. Those students with lower beginning scores tended to show the greater amount of change. Conversely those students who achieved the highest beginning scores changed the least. These findings reproduce the findings of other investigators. No valid explanation can be offered for these findings. It would be interesting to conjecture reasons which could lead to hypotheses for future study. Some of these are listed below.

Recommendations for Further Study

It is recommended that:

1. Attitude changes be tested over two or more terms of the psychiatric nursing affiliation program to compare different schools during different terms. Significant differences might be found. It seems plausible that senior nursing students from baccalaureate programs would achieve differently in a spring term than in the fall. This could be a factor because by spring all students will have completed the remainder of the nursing major including Public Health Nursing.

2. The test should be administered one and two terms post-affiliation period to see if attitudinal changes were sustained. This would assist in determining whether the changes were maintained as a result of the psychiatric nursing experience, not merely as a consequence of the passage of time. Further, this may afford clues to the relationship of attitude changes, if and when they exist, to the acquisition of knowledge or integration of learning as reflected in behavior changes.

3. The test results should be correlated with pertinent achievement tests such as the National League for Nursing Psychiatric Nursing Examination, as well as the student's achievement in the affiliation program. Personality and intelligence tests, in addition, would be helpful to identify additional or other factors that may influence attitudes of student nurses toward nursing problems.

4. Conclusions 3 and 4 above lead to some interesting conjectures which are proposed as the bases for further study also.

a. Make a curriculum study that identifies what a nurse really needs to learn in psychiatric nursing. This then could lead to delineating that which should be taught in a diploma course and that which would be appropriate for the baccalaureate program in nursing.

b. Study the curricula of students previous to the affiliation to identify mental health concepts which have been integrated into the curriculum. The findings may help to determine if the two groups of students are at the same point at the beginning of the psychiatric nursing experience.

c. Attempt to identify factors that explain why the low scoring achiever made the most gain in the re-test. Was it due to exposure to different teaching methodologies? To personal motivation and interest? To competition with students in other schools? Conversely, attempts to identify factors that explain why the high scoring achievers made the least amount of gain in the re-test. Was it due to previous exposure to different teaching methodologies? To test sophistication achieved by their academic preparation or background? Or to nonchalance about tests that do not apply to grades? Are the end of the term pressures affecting these students to a greater extent than the low achievers? Finally, for all of these groups, the low, middle and high scorers, would their achievement differ in six months?

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APPENDIX

Study of Opinions on Mental Health

Name: _____ Age _____ Sex _____ School _____

1. Instructions: This is a study of opinions on mental health, and is being carried on here at the hospital. For each item, place a check (✓) mark in front of the word or phrase that indicates the extent of your agreement or disagreement. Check only one choice. Give your opinion on every item, do not omit any. Work quickly.

1. Psychiatric knowledge is essential to the treatment of more than half of the patients a physician sees in his practice.

Strongly Agree	Agree	Somewhat Agree
Somewhat disagree	Disagree	Strongly disagree

2. Only the psychiatrist is really qualified to handle the great majority of bodily ills having an emotional basis.

Strongly Agree	Agree	Somewhat Agree
Somewhat disagree	Disagree	Strongly disagree

3. It is a waste of time for psychiatry to be taught in the freshman year.

Strongly agree	Agree	Somewhat Agree
Somewhat disagree	Disagree	Strongly disagree

4. Most people who are interested in psychiatry have emotional problems of their own.

Strongly Agree	Agree	Somewhat Agree
Somewhat disagree	Disagree	Strongly disagree

5. Most psychiatrists pay too much attention to sex.

Strongly Agree	Agree	Somewhat Agree
Somewhat disagree	Disagree	Strongly disagree

6. There is no clear dividing line that can be drawn between the "body" and the "mind."

Strongly Agree	Agree	Somewhat Agree
Somewhat disagree	Disagree	Strongly Disagree

7. The great majority of so-called mental disorders can be traced directly to an hereditary tendency of some sort.

Strongly Agree	Agree	Somewhat Agree
Somewhat disagree	Disagree	Strongly disagree

Study of Opinions on Mental Health - 2

8. Complete and accurate physical, electrical and chemical examination of the heart and its functioning, plus proper diagnosis of any deviation from normality, furnishes an adequate basis on which to plan the treatment of cardiac patients.

Strongly Agree	Agree	Somewhat Agree
Somewhat disagree	Disagree	Strongly Disagree

9. Most so-called neurotics would soon get well if a tougher attitude were taken toward them by the physician.

Strongly Agree	Agree	Somewhat Agree
Somewhat disagree	Disagree	Strongly disagree

10. Human nature being what it is, there must always be war and conflict.

Strongly Agree	Agree	Somewhat Agree
Somewhat disagree	Disagree	Strongly disagree

11. Psychiatric treatment is a luxury rather than a real necessity to patients who ask for it.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

12. An emotional upset should be as acceptable an excuse for missing a final examination as would a severe cold.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

13. The complaints of most neurotics are chiefly their imagination, and they should be given a good physical examination and told to forget them.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

14. Most of the psychiatry a physician needs could be learned by experience in general medical practice.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

15. Most of the facts in psychiatry are just common sense.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

16. A sound practitioner reserves his time for really ill persons rather than neurotic ones.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

17. The exclusive use of simple reassurance and placebos (e.g., sugar pills and other palliative techniques) in the treatment of neurotics is justified in view of the lack of evidence concerning the effectiveness of more complicated therapy.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

18. Mental disorders may develop as a result of home and business problems.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

19. Present-day psychiatry defines behavior as either "sane or insane."

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

20. Psychological instability generally is associated with structural lesions of the brain.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

21. The most important thing a child should learn is obedience to his parents.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

22. A few strong leaders could make this country better than all the laws and talk.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

23. Abnormal attitudes and ways of living develop from childhood and adult experiences.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

24. Psychiatric difficulties arising from environmental conflicts may have physical manifestations with or without specific organic lesions.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

25. Patients ill with psychiatric disorders number more than the total of civilian patients in our hospitals for all the medical and surgical illnesses put together.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

26. Repression of the memory of the birth experience of an individual prevents his later recall of the trauma.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

27. A great many psychiatrically ill persons who are not under active treatment do not need it, or would not benefit by it.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

28. Neurotic symptoms frequently are mistaken for signs of organ or tissue pathology.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

29. Neuroses and psychoses fundamentally represent disturbances in interpersonal relationships.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

30. Repressed memories of intrauterine experience play a significant role in adult neuroses and psychoses.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

31. Birth trauma of a psychological nature may be related to later mental disturbance.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

32. Most people who don't get ahead just don't have enough will-power.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

33. Husbands should help their wives with the dishes and care for the children.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

34. There are in our population large numbers of mildly and moderately depressed, manic, paranoid, and schizophrenic patients who do not enter hospitals for treatment.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

35. A behavior disorder in which the etiological factors cannot be defined cannot be treated successfully.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

36. Attitudes, learned originally in a specific social setting, generalize to other situations and interpersonal relationships.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

37. Both overaggressive and oversubmissive behavior may be antecedents and elements of psychological disorder.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

38. Techniques of adjustment that have been overlearned will persist indefinitely even though no longer appropriate, socially adaptive, or rewarding.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

39. Behavior patterns can be altered at any life period - in childhood, adolescence, adulthood, old age.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

40. The duration and complexity of the adolescent phase of personality development are peculiar to modern industrial society, and not to other societies.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

41. The self-perpetuating nature of emotional reactions is true of normal as well as of pathological behavior.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

42. Man is the only animal in whom there occurs the problem of learning to modify emotional behavior.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

43. Women should stay out of politics.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

44. An insult to your honor should not be forgotten.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

45. Adults sometimes become feeble minded from overstudy.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

46. Some eminent men have been feeble-minded as children.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

47. Behavior disorders have not been demonstrated below the human level.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

48. Intellectually gifted children are likely to be weak and retarded physically and emotionally unstable.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

49. Modification of infant behavior is principally a function of interaction within the family constellation.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

50. A healthy trend in present-day medicine is toward increasing specialization and decreasing numbers of general practitioners.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

51. Most psychiatrists are a bit more peculiar than most other physicians.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

52. Psychiatry differs from other clinical fields in that it has many fewer observations and generalizations.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

53. A behavior disorder in which the etiological factors can be defined can then be treated successfully.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

54. People can be trusted.

Strongly Agree	Agree	Somewhat Agree
Somewhat Disagree	Disagree	Strongly Disagree

11. Instructions: For each item, circle the number of the word or phrase which in your opinion is most correct. Circle only one choice. Do not omit any item.
55. The emphasis in behavior pathology is upon (1) the physiological machinery of the individual, (2) reflexes, instincts, and emotions, (3) the concept of the unconscious, (4) communication, learning, and role-taking.
56. Neurotic behavior may consist of (1) Anxiety attacks, (2) fear of the dark, (3) compulsive behavior, (4) voice loss, (5) all of these, (6) none of these.
57. Frustration arises from (1) conflict, (2) unconscious motives, (3) psychic monopoly, (4) primary drives.
58. Neurosis is a disorder related to (1) fundamental weaknesses of the psyche, (2) excessive secretion of sex hormones, (3) the conversion of psychic energy into somatic complaints, (4) relatively fixed patterns of maladjustive attitudes and responses, (5) excessive secretion of adrenal cortex hormones.
59. Most serious adolescent problems are traceable to (1) childhood difficulties, (2) sexual maturation, (3) other growth changes, (4) early maturation.
60. It is common clinical experience that behavior disorders often grow steadily worse in spite of (1) improved environmental circumstances, (2) disappearance of the original personal difficulties, (3) both 1 and 2, (4) neither 1 nor 2.
61. The major factors in the neuroses and psychoses are (1) the id and the ego, (2) emotion, and language and thought, (3) the psyche and repression, (4) biology and heredity.
62. Thought trends in an individual reflect his (1) socialization, (2) racial unconscious, (3) extrasensory perception, (4) id impulses.
63. Thinking may be conceived of as (1) a major function of the psyche, (2) a biological coordination, (3) the controlling element of the somatic organization, (4) the psychosomatic riddle.
64. Language consists of systems of (1) pre-existing thought, (2) covert reactions, (3) emotional responsiveness, (4) substitute reactions.
65. Social roles are (1) genetically determined, (2) selected by the individual, (3) defined by the behavior of others, (4) delusional in character.
66. The development of symptoms in personality illness is related most closely to (1) racial unconscious, (2) human physiology, (3) oedipal conflict, (4) conversion phenomena.

67. The psychoses may include (1) confusion, (2) hallucinations, (3) paranoid ideas, (4) memory loss, (5) loss of time and place orientation, (6) all of these, (7) none of these.
68. A prominent factor in many personality illnesses is (1) lack of sexual satisfaction, (2) anxiety, (3) hostility, (4) hysterical amnesia (5) violation of the pleasure principle.